



P. O .Box 31295, 00600, Nairobi Kenya,

Enquiries 020 5141900-06, Recovery 020 5141907/08/09 ,
Finance 020 5141911/12/13/14/15, Loans 020 5141921/22/13,

Barclays plaza 8th floor Loita Street.

APPLICATION FOR CHILDRENS SAVING SCHEME
(Strictly confidential)

I hereby make application for membership in the children’s saving scheme of the Society and agree to abide by the By-laws and any amendment thereof, in the Mhasibu Savings And Credit Co-op Society Ltd.

Mandatory Documents:

Please, provide the following documents:

- 1. One copy of the applicant’s birth certificate / birth notification
2. One recent passport size photograph of the applicant
3. One recent passport size photograph of the applicant’s next of kin
4. One copy of Next of kin’s ID/ Passport(Birth certificate in case of minors)

APPLICANT’S PARTICULARS (BLOCK LETTERS)

Name...../..... Date of Birth.....
(SURNAME) (OTHER NAMES)

Sex: Birth Certificate/Notification No

Parents Mhasibu Sacco No:

NEXT OF KIN’S PARTICULARS

Name Date of Birth.....
Relationship..... I. D/Passport Number
Address Code:Town.....
Tel:E-mail:
Applicant's SignatureDate

E-mail (each character on its own space)

Grid of 20 empty boxes for email input

Witnessed By/...../.....
(Name) (M/No.) (Signature)

CASH PAYMENTS TO BE PAID DIRECTLY TO OUR A/C.NO. 01120040136100
CO-OPERATIVE BANK, UNIVERSITY WAY BRANCH OR COMMERCIAL BANK OF AFRICA, MAMA NGINA STREET, A/C NO. 6435220015

(For Official Use Only)

Kshs.500/= Entrance Fees Paid On Receipt No:
Membership admission Date
Approved By Management Committee Vide Minute No.
Allocated Member Number..... Sacco Number.....

“The Sacco of Excellence that Provides Quality and Superior Services to its Members”