

SC52101

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Web: www.ncrsacco.co.ke.

Email: info@ncrsacco.co.ke//nairobiconsumers@gmail.com

ACTIVATION FORM OF MEMBERSHIP

I hereby make application for membership and agree to the society's by-laws and any amendments hereof. Authority to make deduction of shares as enclosed. (Naomba kuwa mwanachama Na nimekubali kufuata masharti yote ya ushirika. Naruhusu kukatwa akiba ya hisa)

ATTACH PASSPORT

SIZE PHOTO HERE

Naruhusu kukatwa akiba ya hisa)	
Name in full	
County	
Location	
Sub Location	
Postal Address	
KRA PIN	
Employer/Self Employed	
Employer address.	
Name of organization/group.	
Marital Status (Married/Single/Widow/Widower)	
Mobile No.	•••••
ID/No Email.	
Bank NameBank Branch	
Bank Account Number.	
Are you a member of another Sacco (if yes kindly state which one)	
I wish to contribute Kshs	
I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and a	
to abide by the by -laws' of the society the Co-operatives Act, rules and the loan policy and any v	ariations
that may be made from time to time.	
Signature Date	

KE	COMMENDED BY:					
Nan	ne					
Mol	oile No	• • • • • • • • • • • • • • • • • • • •	M/No)		•••••
Sign	nature		Date			
	OMINATION/NEXT OF K		_			
I		• • • • • • • • • • • • • • • • • • • •			••••••	•••••
ID/I	No	M	/No			••••
Do l	Hereby Nominate the Following No	ominee(S) To In	nherit My Fund	eral Fund, Final Du	es and Any O	ther
Inte	rest in Nairobi Consumers Regul	lated Non WD	T Sacco Soci	ety Ltd in the follo	owing manner	
No	Name Of Nominee (s)	R/Ship	I.D. No.	Mobile No.	Date	of Final
					Birth	Dues %
1.						
2.						
3.						
	en under my hand this Date	S	Signature	•••••••	•••••	•••••
	nessed by:	I/D	No			
Mot	oile No	Sign	ature	•••••	• • • • • • • • • • • • • • • • • • • •	
FO	R OFFICIAL USE ONLY	7 :				
	mbership Fee Kshs . 1,200 /=	=				
Paid	l On	R	Receipt No			
Date	e of Admission	M	Iembership No			
			·			
MI	EMBER DETAILS VERI	FIED AND	CAPTURE	D BY:		
Nan	ne					
Date	2					

Designation....Signature....