

UTAFITI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED
P.O. BOX 30709,
Nairobi

APPLICATION FOR MEMBERSHIP – **Children/Dependants** (BY-LAW NO. 8)
(Strictly Confidential)

I hereby make application for my Child/Dependant to be a Member of your Society and agree to abide by the by-laws and/or any Amendments thereof, in the Utafiti Savings and Credit Co-operative Society Limited.

Child/Dependants Particulars are:

Name
(Block Letters)

Occupation Date of Birth.....

Home Address

Child/Dependant's Nominee (Mrithi).....

His/Her Address

His/Her Relationship

Applicant's Name Membership no.

⁺**Disclaimer** – I agree to bear all liabilities of the applicant, due to the SACCO, should they arise

Applicant's Signature

Signature Witnessed by
(Name) (Signature)

Date:

**NOTE - Attach passport size photo of the applicant*

(FOR OFFICIAL USE ONLY)

Shs. 1000/= Entrance Fee Paid on Receipt No.

“Voluntary Assignment” signed on

Date of Admission to Membership

Approved by Management Committee vide Minute No.

Allocated Membership Number

.....
SECRETARY

Signature
CHAIRMAN

Date: