

USHURU INVESTMENT CO-OPERATIVE SOCIETY LIMITED

MEMBERSHIP FORM

The National Chairman
Ushuru Investment Co-operative Society LTD
P.O Box 52072-0200
NAIROBI

APPLICATION FOR MEMBERSHIP

I-----
of P.O Box-----

hereby make application for membership of USHURU INVESTMENT CO-OPERATIVE SOCIETY LIMITED and undertake to be bound by the Co-operative societies Act and Rules of the Society's By-Laws and regulations and the decisions of the Society's delegates meetings and Committees.

I also declare that am not a member of any other Investment Co-operative Society.

NATIONALITY----- ID No.-----

DATE OF BIRTH-----

OCCUPATION----- P/No.-----

EMPLOYER-----

DESIGNATION ----- DEPARTMENT/SECTION-----

TERMS OF EMPLOYMENT-----

HOME POSTAL ADDRESS-----

COUNTY -----

DISTRICT OF ORIGIN-----

DIVISION-----

LOCATION-----

SUB-LOCATION-----

VILLAGE-----

Have you been a member of any other Investment Co-operative Society YES/NO

(Delete whichever is not applicable).If YES state:-

Name of Society-----

MEMBERSHIP No.-----

Year membership ceased-----

Reasons for cessation of membership -----

I-----
Hereby declare that the information furnished above is true and I understand that the truth of this information shall form the basis of my membership in the Society.
Applicant's signature----- Date-----

FOR OFFICIAL USE ONLY	
APPLICATION CONSIDERED ON-----	
APPROVED/REJECTED BY MANAGEMENT COMMITTEE UNDER MINUTE/No-----	
DATE OF ADMISSION-----	
OFFICER'S DESIGNATION-----	SIGNATURE-----
SOCIETY RUBBER STAMP	
MANAGER'S SIGNATURE-----	
MEMBERSHIP NUMBER:-----	
DATE OF CESSATION:-----	

USHURU INVESTMENT CO-OPERATIVE SOCIETY LIMITED

NOMINEE FORM

I-----M/No.-----

Of P.O Box -----ID No.-----

Hereby nominate the following as my nominee (s) in accordance with the Co-operative societies rules 2004:

1. -----of-----percentage-----

2. -----of-----percentage-----

3. -----of-----percentage-----

4. -----of-----percentage-----

5. -----of-----percentage-----

In the event either nominee is unable or unwilling to take up his dues when called upon, or pre-deceases me that nominee's dues shall be distributed to the other nominees in equal proportion.

This appointment is made at-----this-----

Day of -----by the forenamed-----

Signed-----Date-----

AND WITNESSED BY:-

1. Name of witness-----ID No. -----

Signature. -----Date. -----

2. Name of witness-----ID No. -----

Signature. -----Date. -----

USHURU INVESTMENT CO-OPERATIVE SOCIETY LIMITED

CHECK OFF FORM

The National Chairman,
Ushuru Investment Co-operative Society Ltd.,
P.O Box 52072-00200,
NAIROBI.

CHECK-OFF: NORMAL / NEW PRODUCTS.

1. I, the under mentioned, do hereby request you to pay a sum of Kshs.
..... (in words)
(Kshs.....) to Ushuru Investment Co-operative Ltd., for Credit to
my account as follows:-

- 1. Shares Kshs.....
- 2. Monthly Deposits Kshs
- 3. Entrance fee (Paid once)

Dept/Ministry.....Contact.....

Commencing from.....day of.....201_

- 2. The acknowledgement of the said society will be your full and efficient discharge.
- 3. This authority **cancel**s any other authority given by me prior to this date in respect of the above society.

Name.....Signature.....

Personal File No.....Branch.....

Designation... ..Station.....

Account membership No.....

Dated this.....day of.....201_