

NEW

REJOINING



**USHURU INVESTMENT CO-OPERATIVE
SOCIETY LTD**

UWEKEZAZAJI IMARA

MEMBERSHIP JOINING FORM

Personal Information.

First Name:	Middle Name:	Surname:
Nationality:	ID/Passport No:	KRA PIN No:

(Attach ID Copy/Passport Copy)

Occupation

<input type="checkbox"/> Employed	<input type="checkbox"/> Self- Employed
Employer:	Type of Business:
Designation:	Job Type:
Employment/Pay roll No:	Industry:

Contact Details

Mobile No		Residential Address	
Email Address		Postal Address	

Next of kin nominees/Beneficiary details

No	Name(s)	Relationship to member	Allocation (%)	ID	Mobile Phone
1.					
2.					
3.					
4.					
5.					

FOR OFFICIAL USE ONLY.

Approved/Rejected by Management Committee

DATE OF ADMISSION.....

OFFICER'S DESIGNATION-----SIGNATURE-----

MANAGER'S SIGNATURE.....

MEMBERSHIP NUMBER:.....

Deduction Advise/Instructions

<input type="checkbox"/> Check-Off/Pay roll	<input type="checkbox"/> Standing Order
Employer:	Occupation:
Entrance Fee (Kshs. 2,000 one-off):	Bank Name:
Shares (Min. of Kshs. 2,000):	Bank Account:
Risk Management Fund (RMF):	Bank Branch:
Investment Savings (Voluntary):	Frequency (Monthly)
Commencement Date: ____/____/____	<input type="checkbox"/> Deduct Until Further Notice

Communication

I wish to be receiving communication from the Society via:

<input type="checkbox"/> Mobile/Telephone No		<input type="checkbox"/> Email Address	
---	--	---	--

None (I don't want to receive any communication)

I will furnish the Society with the necessary changes from time to time.

How Did you hear/learn about Ushuru investment cooperative society?

<input type="checkbox"/> Ushuru Member	Member Name:	Member No:
<input type="checkbox"/> Ushuru Staff	Staff Name:	Staff No:
<input type="checkbox"/> Social Media	Social Media Account:	<input type="checkbox"/> Other:

I wish to apply for membership in Ushuru Investment Cooperative Society Limited and further pledge to abide by the By-laws/or any amendment/s thereof of the Society:

Name: _____

Authorized
Signature

--

Attach Passport photo

Date: ____/____/____

Witnessed by: _____

Signature: _____

FOR OFFICIAL USE

The Application for membership is:

APPROVED BY: _____ **On:** ____/____/____

Member No: _____

DECLINED BY: _____ **On:** ____/____/____

Reasons for Decline: _____