



KENYA NORTH AMERICA DIASPORA SACCO LTD

MEMBERSHIP REJOINING APPLICATION FORM

I, the undersigned, wish to apply to rejoin Kenya North America Savings and Credit Co-operative Society Limited as a member. I do hereby agree to remit my monthly contribution of Kshs..... towards my deposits 20.....

I understand that I have to pay membership rejoining fee of Kshs 10,000, purchase minimum Share capital of 30 shares at Kshs 1,000 per share, and pay any other fee that may be applicable at the time of rejoining the Sacco.

APPLICANT DETAILS

Full Name: ID /PP No..... (Attach Copy)
KRA PIN No (Attach Copy of Certificate)
Date of Birth: Cellphone:
Email Address:
Physical Address.....

PREVIOUS MEMBERSHIP HISTORY

Membership Number.....

Reasons for Membership Withdrawal
.....

CURRENT EMPLOYMENT DETAILS

Employer.....
Occupation.....

NOMINATED NEXT OF KIN (Next of Kin Form Must be Attached to this Form)

I, the undersigned, in the event of my death while a member of the Sacco, hereby instruct the Sacco to pay all amounts due to me, less any debt to the Society, to the person (s) named in my next of kin card irrespective of any will made by me. I understand that I may alter the name of the nominated next of kin only by special written instruction to the Society.

Date:

Applicant's Signature.....

