RADIO GUARD SACCO LTD

NACICO PLAZA 7th Floor Room 712

P.O Box 27546-00506 Nairobi Office Tel: 020-3595430 Office Mobile: 0704595466

APPLICATION	FOR MEMI	BERSHIP	ings and Credit
. I the undersigned hereby apply for membershi	ip of the	named Co-operative Sav	ings and Credit
ociety and agree to conform to the Society's by-18	aws and runs. w	TE OF BIRTH	
THIN ME	DA	TE APPOINTED	
DESIGNATION	DA	No	
y 11	ID/	No	
Nobile Number			
THE PROPERTY OF			
EMPLOYMENT DETAILS FERMS OF SERVICECOM	MPANY.	DEPT	
FERMS OF SERVICE	ANCH		
EMLOYEE NOBRO	Alten	*******	
DANK DETAILS			
BANK DETAILS BANK A/C NO			
BANK A/C NOBANK	BANK BRA	NCH	
DANK	thov		
4. AUTHORITY TO DEDUCT FROM SALARY	.,,,,		l' lang from
		my salary and any outstan	iding loans from
I author e the company to deduct the amount sta my servic or final dues with the employer and re	emit the s.	im to the society. This in	struction should
remain in force until instructed otherwise by me.			
MEMBERSHIP FEE (Ksh. Five hundred only)			
SHARE CONTRIBUTIONDATE			
SIGNED			
C . 1 Clantial file)			
(To be perforated to confidential file)			
C - 14h whil	st a member of	the society, hereby instru	act the society to
I the undersigned, in the event of my death whil			
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I the undersigned, in the event of my death while pay all amounts due to me, less any debt to the sof any will made by me. I understand that, I me			
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	P.O BOX 27546	BOX 27546 -00506 NAIROBI TEL: 0203595430	430			
	NEXT OF KIN/ FAM	NEXT OF KIN FAMILY FORM (MAXIMUM OF 5 DEPENDANTS)	ENDANTS)			
		PERSONAL DETAILS				
	,	1			4	
NAME OF	NOMINATED NEXT OF	CHILDREN'S/	SEX	YEAR	PARENTS	APPLICANT'S
SPOUSE AND I.D NO.	KIN (% ALLOCATED TO EACH)	DEPENDANT NAME		OF BIRTH	NAMES	SIGNATURE/ I.D CARD
			S. I will be also seen			