



JAMII CO-OPERATIVE AND SAVINGS CREDIT SOCIETY
 P.O Box 57929 -00200, Nairobi, Fax: 552523
 Tel: (020) 552477,552448, Mobile: 0712-852762, 0724-179890, 0736-613863
 Web: www.jamiisacco.com E-mail: Info@jamiisacco.com

DATE.....

MEMBERSHIP APPLICATION FOR MICRO-FINANCE CREDIT PROGRAM.

To be completed by applicant.

Name.....

(Please write your names as they appear on the ID card, and attach a photocopy of the same.)

County.....Location.....

Sub-Location.....Marital Status.....

Present Residence.....Street/Road.....

Business Location.....Type of Business.....

Nearest Church/mosque/ school to the business.....

Postal Address Mobile No.....Email.....

NEXT OF KIN DETAILS.

I hereby nominate the following nominee(s) to inherit my funeral fund, shares and interest in Jamii Sacco Society in the following manner.

NO	NAME OF NOMINEE(S)	RELATIONSHIP	%OF SHARE/INTEREST	FUNERAL FUND
1.				
2.				
3.				
4.				
5.				
6.				

DECLARATION BY APPLICANT.

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the by-Laws of the society the co-operatives Act, rules and the loan policy any variations that may be made from time to time.

Signature.....Date.....

SAVING & INVESTING TOGETHER



JAMII CO-OPERATIVE AND SAVINGS CREDIT SOCIETY

P.O Box 57929 -00200, Nairobi, Fax: 552523
Tel: (020) 552477,552448, Mobile: 0712-852762, 0724-179890, 0736-613863
Web: www.jamiisacco.com E-mail: Info@jamiisacco.com

ID/NO.....

OFFICIAL OF THE GROUP

I hereby confirm that the above applicant is a member of our group and has a good record and therefore recommend him/her to be admitted to Jamii Sacco Ltd.

Name.....

Title (please specify).....

Signature.....

Date.....

For Official Use.

Name.....

Date.....

Signature.....

SAVING & INVESTING TOGETHER