



# FUNDILIMA SACCO SOCIETY LTD

P. O. BOX 62000 – 00200, NAIROBI

TEL: 0721564136, 0202356669/70

Email: fundilimasacco@yahoo.com

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## MEMBERSHIP/ SAVINGS APPLICATION FORM

COMPLETE THIS FORM IN BLOCK LETTERS

TO .HON SECRETARY

I hereby make application for membership and agree to conform to the society's by-laws and any amendment thereof.

FULL NAMES.....

ID. NO. .... DOB ..... Marital Status.....

Employing Institution ..... Terms of Service.....

Payroll No..... Membership No..... Tel No.....

Email ..... Address.....

### NOMINEE/ NEXT OF KIN

I the undersigned in the event of my death while still an account holder with Fundilima Society hereby instruct to pay all the amounts due to me less any debts of the society to the person named below.

Name..... ID/NO..... PERCENTAGE .....(R/SHIP)..... MOBILE NO.....

Name..... ID/NO..... PERCENTAGE .....(R/SHIP)..... MOBILE NO.....

Name..... ID/NO..... PERCENTAGE .....(R/SHIP)..... MOBILE NO.....

Name..... ID/NO..... PERCENTAGE .....(R/SHIP)..... MOBILE NO.....

Name..... ID/NO..... PERCENTAGE .....(R/SHIP)..... MOBILE NO.....

### INDEMNITY CLAUSE:

I agree that this account shall be operated solely at the discretion of the Fundilima Sacco and hereby agree to indemnify Account being closed by Fundilima Sacco without notice because of unsatisfactory performance.

SIGNATURE ..... DATE.....

Witness Name..... Sign..... Date.....

### FOR OFFICIAL USE

Received by.....Signature .....Date .....

A/C No.....Officer.....Signature .....Date.....

Verified by .....Signature .....Date.....