

Membership Application Form

Applicant Information

{Please print carefully}

Member Surname: _____ First Names: _____

ID / Passport Number: _____ Date of Birth: _____

Mw Home Address: _____ Residential Address: _____

City: _____ Country _____

Tell: No: {H} _____ 1st Cell: _____ 2nd Cell: _____

Email Address: _____ Tell: {w}: _____

Marital Status: _____ Gender: _____

Level of Education: _____

Brief Bio (previous/current profession and /or business venture: _____

Beneficiary Details:

Member Nominee (s) / Beneficiaries

In the event of death or permanent disability the following shall be the beneficiaries of my account:

Full Names and Surname: _____ Percentage: _____

Full Names and Surname: _____ Percentage: _____

Full Names and Surname: _____ Percentage: _____

Physical Address: _____ Code: _____

Cellphone: _____ Tell: _____

member Application:

Date of Application: _____

Membership Contribution:

Entrance Fees K183,750; Annual Membership Fees K183,750 (non-refundable.) One Share is K73,500 while Full Membership Shares (Mandatory Shares) are K735,000 (10 Shares). Minimum deposit is K10,000

Member's Declaration

I _____ agree that the Entrance and Annual Membership fees are non-refundable. I hereby declare that I am duly warranted to sign this form, and I understand its contents fully including the special rules and regulations of the Cooperative. I also declare that the information submitted here is true and correct.

Member signature _____ Date: ____ / ____ / 20 ____

Member Recruited by: _____

FOR OFFICE USE ONLY

Membership Number: _____ Membership Approval Date: _____

Approved by: _____ Signature: _____

Position: _____ Date: _____