



DOVE SPRINGS SACCO LTD

P O BOX 28721-00200: NAIROBI

TEL: 0113903259

Email: dove.springs14@gmail.com

1. INSTITUTION/GROUP MEMBERSHIP

COMPLETE THIS FORM IN BLOCK LETTERS

We/I..... hereby make an application for membership and agree to conform to the society's By-Laws and any amendment thereof.

FULL NAME: (CHAIR) ID..... Signaure.....

FULLNAME:(SECRETARY)..... ID..... Signaure.....

FULLNAME:(TREASURE)..... ID..... Signaure.....

MEMBERSHIP NO:

DATE OF APPLICATION:

PHYSICAL ADDRESS (Location):

POSTAL ADDRESS: Tel.....

CERTIFICATE NUMBER.....

2. FOR OFFICIAL USE ONLY

(A) DATE OF ADMISSION TO MEMBERSHIP:

(B) DATE OF WITHDRAWAL..... DATE OF TRANSFER OF SHARES.....

CHAIRPERSON SIGNATURE..... DATE.....

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