



DOVE SPRINGS SACCO LTD

P O BOX 28721-00200: NAIROBI

TEL: 0113903259

Email: dove.springs14@gmail.com

1. APPLICATION FOR MEMBERSHIP

COMPLETE THIS FORM IN BLOCK LETTERS

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

FULL NAME: MR, MRS, MISS:

DATE OF BIRTH:

MEMBERSHIP NO:

IDENTITY CARD NO:

DATE OF APPLICATION:

PHYSICAL ADDRESS (Location):

POSTAL ADDRESS: Tel.....

SIGNATURE OF APPLICANT : _____

2. NOMINATED NEXT OF KIN

I the undersigned, in the event of my death, whilst a member of the society, hereby instruct the society to pay all the amount due to me less any debts to the society, to person named in this section. **(The name of nominee can be given in a sealed letter)**. I understand that I may alter the name of the nominated next of kin by filling in a subsequent nominated next of kin form.

NOMINATED NEXT OF KIN (FULL NAME):

RELATION TO THE APPLICANT:

IDENTITY CARD NO:

ADDRESS OF THE NEXT OF KIN: Tele.....

WITNESS NAME:

WITNESS SIGNATURE: _____

Signature of Applicant _____

3. FOR OFFICIAL USE ONLY

(A) DATE OF ADMISSION TO MEMBERSHIP:

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

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