



# Orient SACCO Ltd.

Section Nine Thika  
P.O BOX 1842-01000, Thika  
Tel:+254712911888

*Customer Friendly Financial Partner*

Email :info@orientsacco.co.ke/www.orientsacco

## COMPLETE THIS FORM IN BLOCK/CAPITAL LETTERS

### 1. APPLICATION FOR MEMBERSHIP

I hereby make an application for membership and agree to conform to the society's By-laws and amendments thereof.

Full Names: Mr. /Mrs./Ms.....

Date of Birth.....ID NO.....Employer.....

Station.....Official Designation.....Tsc No.....

Present Address.....Tel No.....

Location.....County.....Province.....

I wish to transfer my shareholding Kshs.....from my current Society.(Name of the Society(If applicable)).....

OR

I here authorize you to deduct Kshs.....as savings contributions ,Security fund Kshs .....and Share Capital

Kshs .....from my monthly salary payable to Orient Sacco Society Ltd with effect from...../...../.....20.....

until further notice.

Signature of Applicant.....Date.....

### 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 amounts due to me less any debts to the person(s) named below. I understand that I may change the name of the nominated next of kin by filling a subsequent nominated Next of Kin form.

NAME	RELATIONSHIP	PERCENTAGE

Applicants signature.....

#### **Witnessed by:**

Name of Witness.....Signature.....Date.....

#### **FOR OFFICIAL USE ONLY**

Date of Admission to Membership.....First Deduction Due.....

Membership register No.....Recorded by Management Committee on.....

Official's Signature.....Date.....