



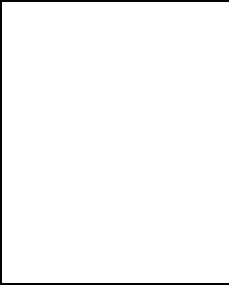
**APPLICATION FOR MEMBERSHIP TO**  
**AFRESA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED**  
**P O BOX 468-40107, KISUMU. TEL: 0208100027**

**A. INSTRUCTIONS**

1. This form should be completed in full
2. Use block letters only to complete the form
3. The form must be accompanied by copy **Copy of ID Card and Two Coloured Passport Size Photographs** duly certified by the Branch Chairman or Personnel Officer. One copy of the photograph will be returned to you with your AFRESA Membership Card.
4. **Minimum Deposit/ Saving contribution is Kshs.500/-.**
5. Minimum deposit retained shares of **Kshs 1,000** repayable at a minimum rate of **Kshs 100** per month.

**B. APPLICANT DETAILS**

1. Full Name .....
  2. Nationality.....
  3. Date of Birth.....
  4. Date of Employment .....
  5. Personal Identification Number (PIN) .....
  6. a) ID Card No.....(Attach copy of Identity card)
  - b) Passport No..... (This applies to foreigners only)
  7. Have you been a member of this society before? If yes please quote previous No.....Emp No.....
  8. Designation ..... Department/Section
  9. Name and present address of Employer.....
  - .....
  10. Home Address.....Tel:..... Mobile No.....Email.....
  - County.....District.....
  - Division..... Location .....Sub Location.....
  - Name of Chief.....Assistant Chief.....
  11. Next of Kin or Nominee(s).....
  - Relationship.....
  - Age(s).....Adult.....Minor.....
  - Permanent Address for Nominee(s).....Mobile No.....
  12. i) Membership Fee.....Kshs.1,000/-
  - ii) Monthly Savings/Deposits Shares.....
  - iii) Shares Capital/Retained Share.....
  - iv) Benevolent Fund.....Kshs.300/-Total Amount .....
- I certify that the information given here is correct to the best of my knowledge.  
 Signature of Applicant.....  
 Date of Signature.....



**Affix Photo Here**

**13 C. FOR BRANCH OFFICIALS' USE**

I certify that this is an employee of.....Within AFRESA Sacco..... Branch  
 Name.....Signature.....Date.....

**14. D. FOR OFFICIAL USE ONLY**

Date of Registration..... AFRESA Co-operative Number.....