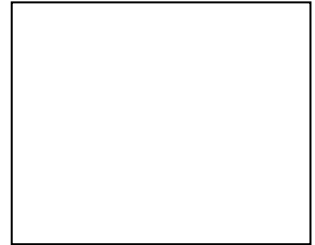


**BANKI KUJ SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED**  
**P.O. BOX 60000, NAIROBI**

Fix Photo Here



**NORMAL SCHEME**

**FORM A**

**1. APPLICATION FOR MEMBERSHIP**

The Hon. Secretary,

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.....OFFICIAL DESIGNATION.....

PAYROLL NO.....TERMS OF SERVICE.....

I/D NUMBER..... ADDRESS.....

EMPLOYER .....BRANCH.....

EMAIL ADDRESS..... MOBILE TEL NO.....

BANK ACCOUNT NO..... BANK NAME.....

BRANCH NAME.....

SPECIMEN SIGNATURE



**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 debts to the Society, to the person named in this section. The name of the nominee can be given in 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	RELATIONSHIP	ID	%
-----------	--------------	----	---

1).....	.....	.....	.....
---------	-------	-------	-------

2).....	.....	.....	.....
---------	-------	-------	-------

3).....	.....	.....	.....
---------	-------	-------	-------

4).....	.....	.....	.....
---------	-------	-------	-------

(SIGNATURE OF APPLICANT)

WITNESS.....

(NAME)

(SIGNATURE OF WITNESS)

**REFERRED BY**.....

(NAME )

.....

(SIGNATURE)

**3. FOR SOCIETY USE ONLY**

**ENTRANCE FEE (KSHS. 1000)**

PAID ON.....

RECEIPT NO.....

DATE OF ADMISSION TO MEMBERSHIP.....

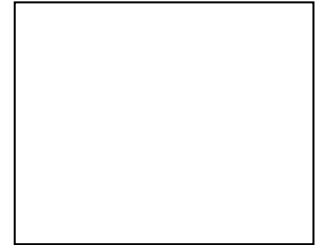
MEMBERSHIP REGISTER NO.....

OFFICIAL SIGNATURE.....

DATE.....

**BANKI KUJ SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED**  
**P.O. BOX 60000, NAIROBI**

Fix Photo Here



**DEPOSIT SCHEME**

**FORM A**

**1. APPLICATION FOR MEMBERSHIP**

The Hon. Secretary,

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.....OFFICIAL DESIGNATION.....

PAYROLL NO.....TERMS OF SERVICE.....

I/D NUMBER..... ADDRESS.....

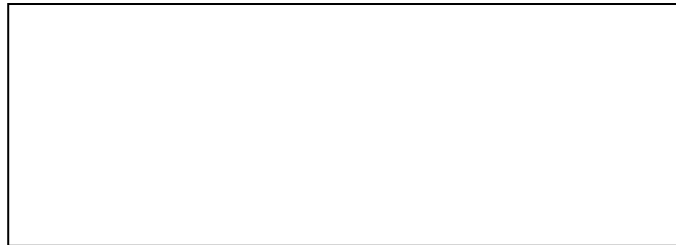
EMPLOYER .....BRANCH.....

EMAIL ADDRESS.....MOBILE TEL NO.....

BANK ACCOUNT NO..... BANK NAME.....

BRANCH NAME.....

SPECIMEN SIGNATURE



**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 debts to the Society, to the person named in this section. The name of the nominee can be given in 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	RELATIONSHIP	ID	%
1).....	.....	.....	.....
2).....	.....	.....	.....
3).....	.....	.....	.....
4).....	.....	.....	.....

(SIGNATURE OF APPLICANT)

WITNESS.....

(NAME)

(SIGNATURE OF WITNESS)

**REFERRED BY**.....

(NAME )

.....

(SIGNATURE)

**3. FOR SOCIETY USE ONLY**

**ENTRANCE FEE (KSHS. 100)**

PAID ON.....

RECEIPT NO.....

DATE OF ADMISSION TO MEMBERSHIP.....

MEMBERSHIP REGISTER NO.....

OFFICIAL SIGNATURE.....

DATE.....

**BANKI KUJ SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED**  
**P.O. BOX 60000, NAIROBI**

Fix Photo Here



**EDUCATION SCHEME**

**FORM A**

**1. APPLICATION FOR MEMBERSHIP**

The Hon. Secretary,

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.....OFFICIAL DESIGNATION.....

PAYROLL NO.....TERMS OF SERVICE.....

I/D NUMBER..... ADDRESS.....

EMPLOYER .....BRANCH.....

EMAIL ADDRESS.....MOBILE TEL NO.....

BANK ACCOUNT NO..... BANK NAME.....

BRANCH NAME.....

SPECIMEN SIGNATURE



**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 debts to the Society, to the person named in this section. The name of the nominee can be given in 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	RELATIONSHIP	ID	%
1).....	.....	.....	.....
2).....	.....	.....	.....
3).....	.....	.....	.....
4).....	.....	.....	.....

(SIGNATURE OF APPLICANT)

WITNESS.....

(NAME)

(SIGNATURE OF WITNESS)

**3. FOR SOCIETY USE ONLY**

**ENTRANCE FEE (KSHS. 100)**

PAID ON.....

RECEIPT NO.....

DATE OF ADMISSION TO MEMBERSHIP.....

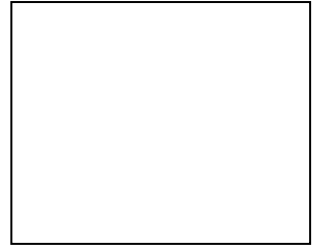
MEMBERSHIP REGISTER NO.....

OFFICIAL SIGNATURE.....

DATE.....

**BANKI KUJ SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED**  
**P.O. BOX 60000, NAIROBI**

Fix Photo Here



**HOLIDAY SCHEME**

**FORM A**

**1. APPLICATION FOR MEMBERSHIP**

The Hon. Secretary,

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.....OFFICIAL DESIGNATION.....

PAYROLL NO.....TERMS OF SERVICE.....

I/D NUMBER..... ADDRESS.....

EMPLOYER .....BRANCH.....

EMAIL ADDRESS.....MOBILE TEL NO.....

BANK ACCOUNT NO..... BANK NAME.....

BRANCH NAME.....

SPECIMEN SIGNATURE



**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 debts to the Society, to the person named in this section. The name of the nominee can be given in 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	RELATIONSHIP	ID	%
1).....	.....	.....	.....
2).....	.....	.....	.....
3).....	.....	.....	.....
4).....	.....	.....	.....

(SIGNATURE OF APPLICANT)

WITNESS.....

(NAME)

(SIGNATURE OF WITNESS)

**3. FOR SOCIETY USE ONLY**

**ENTRANCE FEE (KSHS. 100)**

PAID ON.....

RECEIPT NO.....

DATE OF ADMISSION TO MEMBERSHIP.....

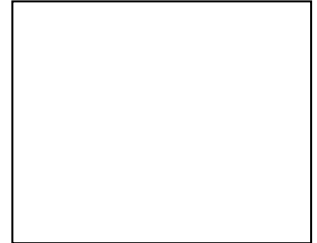
MEMBERSHIP REGISTER NO.....

OFFICIAL SIGNATURE.....

DATE.....

**BANKI KUJ SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED**  
**P.O. BOX 60000, NAIROBI**

Fix Photo Here



**X-MASS SCHEME**

**FORM A**

**1. APPLICATION FOR MEMBERSHIP**

The Hon. Secretary,

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.....OFFICIAL DESIGNATION.....

PAYROLL NO.....TERMS OF SERVICE.....

I/D NUMBER..... ADDRESS.....

EMPLOYER .....BRANCH.....

EMAIL ADDRESS.....MOBILE TEL NO.....

BANK ACCOUNT NO..... BANK NAME.....

BRANCH NAME.....

SPECIMEN SIGNATURE



**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 debts to the Society, to the person named in this section. The name of the nominee can be given in 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	RELATIONSHIP	ID	%
1).....	.....	.....	.....
2).....	.....	.....	.....
3).....	.....	.....	.....
4).....	.....	.....	.....

(SIGNATURE OF APPLICANT)

WITNESS.....

(NAME)

(SIGNATURE OF WITNESS)

**3. FOR SOCIETY USE ONLY**

**ENTRANCE FEE (KSHS. 100)**

PAID ON.....

RECEIPT NO.....

DATE OF ADMISSION TO MEMBERSHIP.....

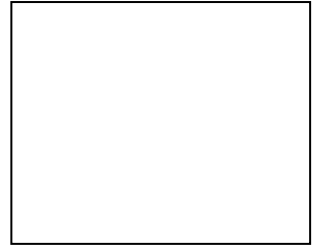
MEMBERSHIP REGISTER NO.....

OFFICIAL SIGNATURE.....

DATE.....

**BANKI KUJ SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED  
P.O. BOX 60000, NAIROBI**

Fix Photo Here



**LAND AND HOUSING**

**FORM A**

**1. APPLICATION FOR MEMBERSHIP**

The Hon. Secretary,

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.....OFFICIAL DESIGNATION.....

PAYROLL NO.....TERMS OF SERVICE.....

I/D NUMBER..... ADDRESS.....

EMPLOYER .....BRANCH.....

EMAIL ADDRESS.....MOBILE TEL NO.....

BANK ACCOUNT NO..... BANK NAME.....

BRANCH NAME.....

SPECIMEN SIGNATURE



**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 debts to the Society, to the person named in this section. The name of the nominee can be given in 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	RELATIONSHIP	ID	%
1).....	.....	.....	.....
2).....	.....	.....	.....
3).....	.....	.....	.....
4).....	.....	.....	.....

(SIGNATURE OF APPLICANT)

WITNESS.....

(NAME)

(SIGNATURE OF WITNESS)

**3. FOR SOCIETY USE ONLY**

**ENTRANCE FEE (KSHS. 2000)**

PAID ON.....

RECEIPT NO.....

DATE OF ADMISSION TO MEMBERSHIP.....

MEMBERSHIP REGISTER NO.....

OFFICIAL SIGNATURE.....

DATE.....