



SAFARICOM SACCO LTD
P.O. BOX 46350 – 00100, NAIROBI
TEL: (020) 4273228, 4273050, 4273438
JCC – Telephone (020) 427 2685

APPLICATION FOR SAVINGS SCHEME

The Secretary
Safaricom Sacco Ltd
NAIROBI

I hereby make an application for membership and agree to conform to the SAVINGS SCHEME rules and any amendments thereof.

FULL NAMES:(as they appear on ID).....
OFFICIAL DESIGNATION
DUTY STATION & ADDRESS STAFF NO.....
ID NO POSTAL ADDRESS
TELEPHONE MOBILE PHONE NO.....
E-mail Address: MEMBER NO.....

BANK ACCOUNT DETAILS:

Bank Name/Branch:.....
Account Number:.....

SIGNATURE OF APPLICANT

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 Society, to the person(s) named in this section. The name(s) of nominee(s) can be given in sealed letter. I understand that I may alter the name of nominated next of kin by filling in a subsequent nominated next of kin form.

NOMINATED NEXT OF KIN (FULL NAME)
RELATIONSHIP TO THE APPLICANT ID NO
ADDRESS OF NEXT OF KIN TELEPHONE
PERCENTAGE ASSIGNED:.....

WITNESS
NAME MEMBER NO. SIGNATURE

I here by authorize you to deduct Kshs Monthly from my Salary and pay Safaricom Sacco Ltd with effect from the month of Until further notice.

FOR SOCIETY USE ONLY

DATE OF ADMISSION TO SAVINGS SCHEME
APPROVED BY MANAGEMENT COMMITTEE
OFFICIALS SIGNATURE MEMBERSHIP NO..... DATE