

TIMES U SACCO SOCIETY LIMITED

MEMBERSHIP APPLICATION FORM

I hereby make my application for membership and agree to conform with the by-laws or any amendment thereof of the society.

Member Details

Members Name _____ Members Number **6864** - _____
I.D No. _____
Date of birth: _____ Marital Status _____
District _____ Gender _____
Home address: _____ Tel. No. _____
Length of time at this address _____ (Years) _____ (Months) _____ (Days) _____
Village: _____ Resident _____
Member Occupation. _____
Employment status _____ (e.g. Permanent, Contract, Self employment)
Employer (Name) _____ Address _____ Tel. _____

Contact Person Details

Contact Person (Name). _____ Tel. _____
Relationship. _____ Occupation _____
Contact Person Address _____ Resident _____

Date: ____/____/____ Signature of the applicant: _____

(FOR OFFICIAL USE ONLY)

Identified by: _____ Signature _____

Date of admission: _____

Date of cessation: _____

Checked by: _____ Signature _____

Approved by management committee minutes no. _____

TIMES U SACCO SOCIETY LIMITED

1. Name: _____
2. Occupation: _____
3. Current work station _____
4. Among the products offered by the society, which suits you best? List in the order.
 - _____
 - _____
 - _____
 - _____
 - _____
5. How did you learn about the society? Please tick from the list below
 - ❖ Radio advertisement
 - ❖ Brochures
 - ❖ Members-please give the name _____
 - ❖ Non members
 - ❖ Committee members-please give the name _____
 - ❖ Staff members-please give the name _____
 - ❖ Other societies
 - ❖ Ministry of co-operatives
 - ❖ Media

THANK YOU AND ENJOY OUR SERVICES- MAY GOD BLESS THE WORK OF YOUR HANDS!



TIMES U SACCO SOCIETY LTD
BENEVOLENT FUND CONTRIBUTION

Debit charges to my Account.

I _____ ID NO _____ hereby request TIMES U SACCO to deduct Ksh. 200 from my Membership account NO _____ towards my Benevolent contribution. I also declare that I will not hold you liable for any possible inconveniences caused to me in respect of this request.

Signed by:

NAME:sign:..... DATE.....

FOR OFFICIAL USE ONLY.

Approved by:

NAME:..... SIGN:..... DATE:

**THE CO-OPERATIVE SOCIETIES ACT
NOMINATION OF BENEFICIARIES FORM.**

TO: The Chairman,
Times U Savings & Credit Co-operative Society Ltd.
P.o Box 310-60202
Nkubu.

I _____ I/D NO. _____ of post office box
No. _____ being a member of Times U Sacco Ltd Member
No _____ hereby nominate the following to inherit my shares and/ or
interest in the said society in the following manner:-

NAME OF NOMINEE(S)	RELATIONSHIP	% OF SHARE/INTEREST.
1.		
2.		
3.		
4.		

SignatureDate.....

Witnessed by:-

1. Name _____ I/D No. _____
Address _____ Signature _____

2. Name _____ I/D No. _____
Address _____ Signature _____