JAMII SAVINGS AND CREDIT CO-OPERATIVE SOCIETY

P.O Box 57929 -00200, Nairobi, Fax: 552523
Tel: (020) 552477,552448, Mobile: 0712-852762, 0724-179890, 0736-613863
Web: www.jamiisacco.coop E-mail: Info@ jamiisacco.coop

WITHDRAWABLE SAVINGS SCHEME FORM.

I……Wish to apply for membership in the above scheme.

A) MEMBERSHIP PARTICULARS

Employer……..

Monthly Contribution……..

Date of Birth……

Office Designation……

Payroll No …… Membership No……

Terms of Service (Permanent, Probation, Casual)……..

I.D Card No……

County ……Location……

Sub – Location……

Present Address……

Mobile No……

B) NEXT OF KIN

Full Names ……

Nominee's ID card No……

Relationship to Member……

Nominee's Address……..

Nominee's Mobile……..

SAVING & INVESTING TOGETHER

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C) BASIC RULES AND REGULATIONS

- Membership is open to all members of Jamii Sacco Ltd
- Under this scheme, a member is entitled to withdraw whole or part savings in the scheme
- The Minimum monthly contribution shall be determined by the member, however a minimum of Kshs 1,000/= will earn interest to the member
- This scheme shall not in any way interfere with normal loaning by the main society

I certify that I have read and understood the above rules and agree to abide by them.

Applicants Signature…….. Date ……