

JAMII HOUSING CO-OPERATIVE SOCIETY LIMITED

MEMBERSHIP APPLICATION FORM

Mr./Mrs./Miss/Prof./Rev./Dr. Surname.....

First Name(s) Middle Name.....

E-mail Address..... Mobile No.....

Date of Birth..... National ID/Passport No.....

M/NO..... Nationality.....

Location..... Sub location.....

County..... Postal Address.....

Employer..... Employer Postal Address.....

Occupation.....

Next of Kin/Beneficiary

Name	Relationship	Percentage
1.....
2.....
3.....
4.....
5.....

Monthly Remittance

My monthly remittance will be Kshs.....

NOTE: Monthly remittance should be done through check-off system and be remitted to Jamii Sacco Housing Co-operative Society Ltd. Alternatively the member can pay directly to JAMII SACCO SOCIETY LTD by cheque or standing order or M-pesa Pay bill.

Ido hereby declare that the information I have given is true and correct to the best of my knowledge and belief.

Signature.....Date.....

FOR OFFICIAL USE ONLY

Application considered by Jamii Sacco Housing Society Ltd Committee

On.....and approved by.....

Received by..... Designation.....

Remarks.....

Signature..... Date.....
