



# KANISA REGULATED NON-WDT SAVINGS AND CREDIT

## CO-OPERATIVE SOCIETY LTD.

All Africa Conference Churches compound, Opp. Safaricom House, Waiyaki Way.  
P.O. Box 1225, 00606, Westlands, Nairobi, Kenya Tel: 0714-612049/0780612049  
Email: [info@kanisa-sacco.org](mailto:info@kanisa-sacco.org) Website: [www.kanisa-sacco.org](http://www.kanisa-sacco.org)

### MEMBERS REJOINING FORM

TO: The Chief  
Executive Officer,  
Kanisa SACCO  
Ltd. P. O. Box  
1225-00606  
Nairobi, Kenya

I hereby make an application to rejoin Kanisa Sacco and agree to conform to the Societies By-Laws and any amendment thereof.

Full Name: Mr. Mrs. Miss \_\_\_\_\_

ID No. \_\_\_\_\_ Tel/Mobile \_\_\_\_\_

Employer \_\_\_\_\_ Terms of Service \_\_\_\_\_

P.O. Box \_\_\_\_\_ Email: (off) \_\_\_\_\_ (personal) \_\_\_\_\_

Date of withdrawal \_\_\_\_\_

First deduction date \_\_\_\_\_ Amount \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR SOCIETY USE ONLY

Date of admission to membership \_\_\_\_\_ first deduction due date \_\_\_\_\_

Membership Register No. \_\_\_\_\_ Manager \_\_\_\_\_ Sign \_\_\_\_\_

Chairman's Signature \_\_\_\_\_

Secretary's Signature \_\_\_\_\_



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### VOLUNTARY ASSIGNMENT FORM

To: The Accountant

----- (Organization)

Through: The Secretary/Treasurer

KANISA Regulated NON-WDT Savings and Credit Co-operative Society Ltd.  
P. O. Box 1225-00606, Sarit Centre, Nairobi, Kenya

I, Mr. / Mrs. / Miss..... (Payroll no.....  
hereby authorize and request you to deduct from my salary each pay day the sum of shillings.....  
(in words) ..... with effect  
from ..... 20 ..... to be paid to Kanisa Co-operative Savings and Credit Society Ltd. The  
instruction to terminate will only be done with the knowledge and written approval of the treasurer of the said society.

NAME: .....

P.O Box ..... Tel .....

Email (Office) ..... (Personal) .....

SIGNATURE: ..... DATE: .....

### FOR SOCIETY'S OFFICIAL USE ONLY

MEMBERSHIP NUMBER .....

DATE FORWARDED .....

SIGNATURE OF FORWARDING OFFICER .....

DESIGNATION .....