



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 Website: www.kanisa-sacco.org

MEMBERS REJOINING FORM

TO: The Hon. Secretary,
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