Balozi Co-operative Savings and Credit Society Ltd

Golf View Suites, 3rd Floor, Wambui road - Muthaiga off Kiambu/Thika road
P.O. Box 11539 – 00400, Nairobi, Kenya.
Tel: 020-2211600 Cell: 0720-833326/0733-967707
Email: info@balozicoop.com Website: www.balozicoop.com

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MEMBERSHIP APPLICATION FORM

COMPLETE THIS FORM IN CAPITAL LETTERS

The Hon. Secretary
P.O. Box 11539 - 00400
Nairobi

I hereby make an application for membership and agree to conform and abide by the scheme's policies and amendments thereof:-

FULL NAME: PROF/DR/MR/MRS/MISS_____

DATE OF BIRTH_____/_____/_____ OCCUPATION_____

ID NO._____ PAYROLL NO._____

DEPARTMENT _____ TERMS OF SERVICE_____

EMPLOYER _____ DATE EMPLOYED_____/_____/_____

STATION (TOWN NAME)_____ EMPLOYER TELEPHONE _____

EMPLOYER ADDRESS_____

MOBILE NO._____ 2ND MOBILE NO._____

EMAIL ADDRESS _____ 2ND EMAIL ADDRESS_____

HOME ADDRESS_____

BANK NAME_____ BRANCH _____

BANK ACCOUNT NO. _____

CONTRIBUTION STARTING DATE (DAY/MONTH/YEAR)_____/_____/_____

DEPOSITS CONTRIBUTION KSHS. _____ PER PP/MONTH

RECRUITED BY: MEMBER NAME _____ MNO _____

Note: The Board reserves the right to accept or decline your application and may conduct a background check for this application.

APPLICANT'S SIGNATURE (within the box)

DATE_____

FOR OFFICIAL USE ONLY

MEMBERSHIP NO_____ MEMBERSHIP FEE KSHS. _____

DATE OF ADMISSION _____ RECEIPT NO._____

REGISTERED BY_____ SIGNATURE _____ DATE_____

AUTHORIZED BY_____ SIGNATURE _____ DATE_____

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BENEVOLENT FUND APPLICATION FORM

COMPLETE THIS FORM IN CAPITAL LETTERS

The Hon. Secretary
P.O. Box 11539-00400
Nairobi

I hereby apply for membership to Balozi Benevolent Fund Scheme and agree to abide by the scheme's policies and amendments thereof:-

FULL NAME: PROF/DR/MR/MRS/MISS _____
DATE OF BIRTH _____/_____/_____ ID NO_____ MEMBERSHIP NO. _____
HOME ADDRESS_____ MOBILE NO_____
EMPLOYER_____ PAYROLL NO._____
SCHEME CONTRIBUTION STARTING DATE _____/_____/_____ KSHS. 300/- OR 150/- PER PP/MONTH

NOMINATIONS FOR BENEVOLENT FUND CLAIM

1. NAMES OF SPOUSE(S)	MOBILE NO.	DATE OF BIRTH	ID NO
(A) _____	_____	_____	_____
(B)_____	_____	_____	_____

2. NAMES OF CHILD(REN)	MOBILE NO.	DATE OF BIRTH	ID NO
(A) _____	_____	_____	_____
(B)_____	_____	_____	_____
(C) _____	_____	_____	_____
(D)_____	_____	_____	_____
(E) _____	_____	_____	_____

3. NAMES OF BIOLOGICAL PARENT(S)	MOBILE NO.	DATE OF BIRTH	ID NO
(A) _____	_____	_____	_____
(B) _____	_____	_____	_____

NOTE:
i. You may fill more than one form in case the spaces provided above are not enough.
ii. Attach copies of birth certificates for children and copies of national IDs for all spouses and parents.

4. DETAILS OF CLAIMANT (NOT PRINCIPAL MEMBER/CONTRIBUTOR)
In the event that the claim for benevolent fund is for myself, payment to be made to

NAME_____ ID/NO_____

RELATIONSHIP_____ MOBILE NO._____

The SACCO accepts claims for a maximum of one spouse, four children and two parents.

APPLICANT'S SIGNATURE _____ DATE _____

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NEXT OF KIN APPLICATION FORM

COMPLETE THIS FORM IN CAPITAL LETTERS

AS PER BY LAW 13

I _____ of ID/Passport No_____

Membership No. _____ P.O. Box _____

The undersigned, in the event of my death whilst a member of the Society, hereby instruct the Society to pay all amounts due to me, less any debts (defaulted loan) to the Society, to the person named in the section below.

I understand that I may alter the name(s) of the nominated next of kin(s) by filling another next of kin form.

	NAMES OF NOMINATED NEXT OF KIN(S)	RELATIONSHIP	IDENTITY NUMBER	MOBILE NUMBER	RATIO
1.					
2.					
3.					
4.					
5.					
6.					
7.					

APPLICANT'S SIGNATURE: _____DATE: _____

WITNESSES

1. NAME: _____ MNO: _____
   ADDRESS: _____
   SIGNATURE: _____ DATE: _____

2. NAME: _____ MNO: _____
   ADDRESS: _____
   SIGNATURE: _____ DATE: _____

Note: This form should be delivered in a sealed envelope. Membership number and name of the applicant should be written on the envelope.