



DUDU CO-OPERATIVE SAVINGS & CREDIT SOCIETY LTD.
P.O. BOX 30772-00100, NAIROBI, KENYA

MEMBERSHIP APPLICATION FORM

(Complete this form in capital letters, attach ID/passport copy and return it to the office)

Date

APPLICANTS DETAILS

Payroll No ID/Passport No Date of birth

Name

Current Address Mobile No

Employer Work station

Designation Email address

Terms of Service : (Temporary ,contract, Permanent)

If contract state length starting Date Day of

Home address

Signature

Dear sir,

RE: APPLICATION FOR MEMBERSHIP

I hereby apply for membership of Dudu Co-operative Savings and Credit Society Ltd. I agree to conform to the society's by laws and any amendments thereof .I am over 18 years old .

Monthly Contribution Ksh/USD

Signature

FOR OFFICIAL USE ONLY

Application: Confirmed (accepted /Rejected)

Reason if rejected

NEXT OF KIN:

In the event of my death, I the undersigned hereby instruct the Association to pay all amounts due to me less any debts to the Association to the persons named below.

1st Nominee

Name

ID/Passport No.

Address

Relationship to Member

2nd Nominee

Name

ID/Passport No.

Address.

Relationship to Member

3rd Nominee

Name

D/Passport No.

Address.

Relationship to Member

ADDITIONAL INFORMATION ON THE NEXT OF KIN:

Members Signature Date

INTRODUCED BY:

Full name

Address

Relationship to Member

Signature

Date