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LAIKA SACCO SOCIETY LTD.

P.O. BOX 3900, 1002 - THIKA

PHONE: +254795900483/0700335065

Email Address: laikasaccosociety@gmail.com

Website: laikasacco.com

PAYBILL NO. 239427

APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION: (ATTACH A COPY OF ID CARD)

Full Name: _____

ID/NO. _____ Mobile NO. _____

Date of Birth _____ Present Address _____

Marital Status _____ Sex _____

Home/Permanent Address _____

District _____ Location _____

Section One: Employment Details (To be completed by an employed applicant)

Employer _____ Employers Address _____

Position in employment _____ Work Station _____

Date of employment _____ Payroll Number _____

Section Two: Self Employed.

Business Name _____ Business Address _____

Nature of Business _____ Approx. Monthly Income _____

Physical Business Location _____

Other Source of Income:

Specify _____

Contributions:

Entrance Fees: Kshs.1,000= (One Thousand Shillings Only) payable once on entry. Nonrefundable.

Share Capital: Kshs.6,000= (Four Thousand Shillings Only) i.e. 300 shares of Kshs.20/=each. Transferable to any

Laika Society member upon exit but not refundable.

Current: DMKL permanent & Seasonals, Minimum of Kshs.2000= deposits per month.

DMKL Contractors & Casuals, minimum of Kshs. 1500= deposits per month.

Class B and other Institutions, minimum of Kshs.1000= deposits per month.

Proposed monthly contributions _____ Amount in words _____

Proposed mode of Remittances – Check Off/ Standing Order/ Cash/ Others Specify _____

Effective Date (dd/mm/yy) _____

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Proposed mode of Remittances – Check/Off/Standing Order/Cash/ Others Specify _____

Effective Date (dd/mm/yy) _____

Nominee

Name	ID/NO	Relationship	Address	Date of Birth	%

Applicants Signature _____ Date _____

Witness Name _____ Signature _____

REFEREE

To be filled by the member introducing the applicant

I _____ M/NO. _____
Confirm that the applicant is well known to me.

Referees Signature _____ Date _____

FOR OFFICAL USE ONLY:

Membership Approved By _____ Signature _____ Date _____

Member No. _____ Date Registered _____

Data Captured by _____ Signature _____ Date _____