

INDIVIDUAL MEMBERSHIP APPLICATION

A. PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

I, the undersigned, make an application to join KUSCCO HOUSING CO-OPEARTIVE SOCIETY LIMITED, I undertake to comply, observe and abide by the by-laws and polices which are subject to review from time to time.

MEMBER (ACCOUNT) NAME	MEMBERSHIP NUMBER

B. Details of Applicant

First Name:	Middle Name:	Last Name:
Date of Birth:	Marital Status:	Religion:
ID/Passport Number:	County:	Residence:
Postal Address:	Postal Code:	Town:
Mobile Number:	Other Mobile Number:	Email Address:
Occupation:	Employer:	Employer Postal Address/ Contact:
Alternative Contact Person:	Relationship:	Mobile Number:
Postal Address:	Postal Code:	Town:

C. Next of Kin

SNO	NAME	RELATIONSHIP	%	CONTACT
1.				
2.				
3.				
4.				

Monthly contribution

Ksh.

I do hereby declare that the information I have given is true and correct to the best of my knowledge.

Signature..... Date

D. OUR COMMITMENT:

KHC wishes to reassure you that all documents and information received on this membership application shall be strictly used for the intended purpose/s. We commit to safeguard the same in line with our Data Protection Policies.

E. FOR OFFICIAL USE ONLY:

Applicant recruited by:

Name:..... Branch:..... Date:.....

Regional Manager:

Name:..... Branch:..... Date:.....

Confirmed, checked and posted in the system by:

Name:..... Branch:..... Date:.....

Manager, Business Development and Marketing:

Name:..... Branch:..... Date:.....

CEO:

Name:..... Branch:..... Date:.....

