

JOINT MEMBERSHIP APPLICATION

PASSPORT SIZE
PHOTO

A. PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

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

MEMBER (ACCOUNT) NAME	MEMBERSHIP NUMBER

B. DETAILS OF 1ST 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:

C. DETAILS OF 2ND 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:

D. DETAILS OF 3RD 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:

E. NEXT OF KIN

S/No.	Name	ID/Passport No.	Relationship	%	Age	Contact
1.						
2.						
3.						
4.						
5.						

Monthly contribution: Ksh. Mode of payment:

We..... do hereby declare that the information we have given is true and correct to the best of our knowledge.

Signature..... Date

Signature..... Date

Signature..... Date

F. 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.

G. FOR OFFICIAL USE ONLY:

Applicant recruited by: Name:..... Branch:..... Sign:..... Date:.....

Regional Manager: Name:..... Branch:..... Sign:..... Date:.....

Confirmed, checked & posted in the system by: Name:..... Branch:..... Sign:..... Date:.....

Departmental Head : Name:..... Branch:..... Sign:..... Date:.....

CEO: Name:..... Branch:..... Sign:..... Date:.....