

MEMBERSHIP APPLICATION FORM

I/We, the undersigned, hereby apply to join KUSCCO HOUSING CO-OPERATIVE SOCIETY LIMITED. I/We agree to comply, observe, and abide by the by-laws and policies of the society, which are subject to review from time to time.

*Fields with * are mandatory and need to be filled in.*

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

MEMBER (ACCOUNT) NAME	MEMBERSHIP NUMBER

Please Select The Type of Account	Joint <input type="checkbox"/>	Individual <input type="checkbox"/>
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A. DETAILS OF APPLICANT/S

1st:

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:

2nd:

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:

3rd:

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:

4th:

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:

5th:

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:

B. NOMINEES*

I/We, the undersigned, in the event of my death whilst a member, hereby instruct the KUSCCO Housing, to pay all amounts due to me, to the person named in this section. I/we understand that I/we may alter the name of nominated next of Kin by filling an update form.

SNO	NAME	ID/PASSPORT NO.	RELATIONSHIP	AGE	%	CONTACT
1.						
2.						
3.						
4.						
5.						

Monthly Contribution

Kshs.

Mode of Payment (Indicate a method of your convenience)

C. OUR COMMITMENT

KUSCCO Housing wishes to reassure you that all documents and information received for this membership application will be strictly used for their intended purpose. We are committed to safeguarding all this information in accordance with our Data Protection Policies.

D. EXIT CLAUSE

Should you decide to **withdraw your membership from KUSCCO Housing**, either in full or partially, a written notice of your intent must be provided. Please be advised that all withdrawal requests are subject to a 60-day waiting period from the date of receipt of your notice. During this period, KUSCCO Housing will process your request in accordance with our established policies and procedures.

E APPLICANT(S) RIGHTS

As a member of KUSCCO Housing, you are entitled to the following rights concerning your personal data, as outlined under the Data Protection Act, 2019 of Kenya:

- 1. Right to Access:** You have the right to request access to the personal data we hold about you and to obtain copies of that data.
- 2. Right to Rectification:** If you believe that any of your personal data is inaccurate or incomplete, you have the right to request the correction of that data.
- 3. Right to Erasure:** You have the right to request the deletion of your personal data when it is no longer necessary for the purposes for which it was collected or if you withdraw your consent.
- 4. Right to Object:** You have the right to object to the processing of your personal data where such processing is based on legitimate interests or direct marketing.
- 5. Right to Data Portability:** You have the right to request the transfer of your personal data to another organization or directly to you, where technically feasible.

KUSCCO Housing is committed to protecting your privacy and ensuring the security of your personal information in compliance with applicable laws and regulations.

F. APPLICANT(S) DECLARATION*

I/We:

Name:..... Signature: Date:

Name:..... Signature: Date:.....

Name:..... Signature: Date:

Name:..... Signature: Date:

Name:..... Signature: Date:

... do hereby declare that the information we have provided is true and correct to the best of my/ our knowledge.

G. FOR OFFICIAL USE ONLY

Member(s) recruited by:

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

Captured in the system by:

Name:.....Signature:..... Date:.....

Verified in the system by:

Name:.....Signature:..... Date:.....

Approved in the system by:

Name:.....Signature:..... Date:.....

Business Development and Marketing Manager:

Name:.....Signature:..... Date:.....

