

# Application For Savings Scheme

PLEASE COMPLETE IN BLOCK LETTERS OR TICK (✓) APPROPRIATE BOX UNLESS OTHERWISE INDICATED

I hereby make an application for membership and agree to conform to the SAVINGS SCHEME rules and any amendments thereof.

## A: APPLICANT DETAILS...

Full Name: (As they appear on ID):

Designation:  Duty Station:

ID No  Passport No  Staff No:

Mobile No:  Work Telephone:

Email Address:  Member No:

Postal Address:  Code:  County:  Country:

## B: BANK ACCOUNT DETAILS

Full Name: (As they appear on ID):

Branch:  Account No:

Applicant Signature:

## C: NOMINATED NEXT OF KIN...

I the undersigned, in the event of my death whilst a member of the Society, hereby instruct the Society to pay all amounts due to me less any debts to the Society, to the person(s) named in this section. The name(s) of nominee(s) can be given in sealed letter. I understand that I may alter the name of nominated next of kin by filling in a subsequent nominated next of kin form.

Nominated Next of Kin (Full Name):

ID No  Passport No  Relationship:

Mobile No:  Address:

Percentage Assigned:

Name of Witness:  Member/Staff No.

Witness Signature:  Date:

I hereby authorize you to deduct KShs \_\_\_\_\_ every month from my salary and pay QONA SACCO Ltd with effect from the month \_\_\_\_\_ until further notice.

## FOR OFFICIAL USE ONLY

Approved By Management Committee:  Date of Admission:

Membership No Signature