



Elimu Investment Co-operative
Mubiru Road, off Daidai Road
P.O. Box 10073-00100 Nairobi

TEL: +254 727013047/ +254 739599354

APPLICATION FOR MEMBERSHIP



The C.E.O,
Elimu Investment Co-operative,
NAIROBI.

I hereby make an application for membership and agree to conform to by-laws and any amendment thereof; I agree to attach copy of my ID, copy of pin certificate and one recent passport size photo as the required documents.

MEMBER'S DETAILS

FULL NAMES: MR/MRS/MS /OTHERS..... (As per the ID)

DATE OF BIRTH ORGANISATION

DUTY STATION & ADDRESS STAFF NO.....

ID NO POSTAL ADDRESS

TELEPHONE MOBILE PHONE NO.....

E-mail Address:

Alternative Email:.....



SIGNATURE OF APPLICANT (within the box)

I authorize the employer to make deductions with effect from the month of

Nonrefundable Registration fee of Kshs 2,000(payable once only)

Share capital worth Kshs(Minimum Kshs 10,000)

Monthly deduction of Kshs

ELIMU COOPERATIVE ACCOUNT NUMBER :039204..... Pay bill number:969800

INTRODUCTION TO EIC:

How did you know about Elimu Investment Co-operative Society Ltd
Website Member Delegate Friend

Presentation by the Staff(name)

Witnessed by: Name..... SignRelation ID Number:

Where do you reside? Kenya [] Diaspora specify..... Are you a member of EIC? Yes [] No []

Postal address..... Email address.....Physical location..... mobile number.....

FOR OFFICIAL USE ONLY

RECEIVED BY: ACCOUNTANT: NAME..... SIGN..... DATE.....

APPROVED BY: C.E. ODATE ADMITED ON.....MNO.....



The C.E.O
Elimu Investment Co-operative,
Mubiru Road, off Daidai Road
P.O. Box 10073-00100 Nairobi
NAIROBI

NEXT OF KIN FORM

I, the undersigned, hereby instruct you that in the event of my incapacitation or demise while a member of the society, all my dues should be paid to the person(s) named herein as my nominated next of kin(s).

I further understand that the name of the nominee(s) can be given in a sealed letter, that I have more than one nominee with applicable rates of percentages of the savings and that this instruction supersedes any that was given earlier.

NOMINATED NEXT OF KIN

1. FULL NAMES _____ DATE OF BIRTH _____
RELATIONSHIP _____ ID NO _____
PRESENT ADDRESS _____
PERMANENT ADDRESS _____
PERCENTAGE _____
NOMINATED GUARDIAN _____

2. FULL NAMES _____ DATE OF BIRTH _____
RELATIONSHIP _____ ID NO _____
PRESENT ADDRESS _____
PERMANENT ADDRESS _____
PERCENTAGE _____
NOMINATED GUARDIAN _____

3.. FULL NAMES _____ DATE OF BIRTH _____
RELATIONSHIP _____ ID NO _____
PRESENT ADDRESS _____
PERMANENT ADDRESS _____
PERCENTAGE _____
NOMINATED GUARDIAN _____

DETAIL OF THE MEMBER

FULL NAME _____ EMPLOYER _____
BRANCH _____ DEPARTMENT _____
PRESENT ADDRESS _____
MEMBER NO _____ SIGNATURE _____ DATE _____
NAME OF WITNESS _____
SIGNATURE _____ DATE _____