



*Delivering Financial Freedom*

**UNIPHARMA SACCO SOCIETY LTD.**

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**APPLICATION FOR MEMBERSHIP-PLOT BUYING SCHEME**

*(Strictly confidential)*

My Particulars are:-

Name.....Date of Birth.....  
*(SURNAME)* *(OTHER NAMES)*  
*(BLOCK LETTERS)*

Occupation.....Employer.....M/Number.....

I.D. Number.....

Current Address.....

Home Address.....

Monthly contribution..... Effective Date.....

Next Of Kin.....

His/her Address.....

His/her Relationship(s).....

I.D. Number(s).....

Applicant's Signature.....

Witnessed By.....

*(Name)*

*(M/No.)*

*(Signature)*

Date.....

**(For Official Use Only)**

Kshs.1000/= Entrance Fees Paid On .....Receipt No.....

"Voluntary Assignment" Signed On .....

Date of Admission to Membership .....

Approved By Management Committee Vide Minute No. ....

Allocated Membership Number.....

.....Signature.....

*Secretary*

Date.....

**EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM**

**EMPLOYER**.....

**EMPLOYEE NAME**.....**PAYROLL NO**.....

Date.....

**PAYROLL DEDUCTIONS FROM MY SALARY/PROCEEDS**

SHARES Kshs.....

LOANS Kshs.....

OTHERS Kshs.....

TOTAL Kshs

I agree and authorize you to make deductions from my gross salary/proceeds as checked and indicated above to be remitted to..... Co-operative Society Ltd. to be credited towards my shares and loan account. From time to time the said society may advise you on any other deductions. The society's instructions shall be taken as if given under my hand. These instructions shall remain in force unless altered by me in concurrence with the said society.

**Employee Signature**.....**Date**.....**I.D No**.....

**EMPLOYER'S SECTION (Acknowledgment of irrevocable Instructions)**

Signature.....Date .....

Designation .....

**OFFICIAL RUBBER STAMP**

**SOCIETY'S SECTION**

Received By: ..... Signature: .....

Date: .....

Official Rubber Stamp.....