



Delivering Financial Freedom

UNIPHARMA SACCO SOCIETY LTD.

Maendeleo House, 6th Floor, Monrovia Street. P.O Box 2873 - 00200
Nairobi, Kenya. Tel: +254 020 221 2 244, +254 020 238 0 314
Email: info@unipharmasacco.co.ke
www.unipharmasacco.co.ke

APPLICATION FOR MEMBERSHIP

(Strictly confidential)

I hereby make application for membership of the Society and agree to abide by the By-laws & any amendment thereof, in the Unipharma Savings and Credit Co-op Society Ltd.

Mandatory Documents:

Please, provide the following documents:

1. One copy of the applicant's ID/Passport
2. One recent passport size photograph of the applicant
3. One copy of Next of kin's ID/Passport (Birth certificate in case of minors)
4. One recent passport size photograph of the applicant's next of kin
5. Copy of proof that you are a professional or meet other criteria.

APPLICANT'S PARTICULARS

(BLOCK LETTERS)

Name...../..... Date of Birth.....
 (SURNAME) (OTHER NAMES)
 Sex: Marital Status: ID/Passport No:
 Occupation Employer:
 EMPLOYER/PAYROLL NO.:
 BANK..... BRANCH..... A/C NO.....
 Monthly contribution..... Effective Date.....
 Spouse's Unipharma Sacco No: *(If spouse is a member)*
 Current Address: Code: Town:
 Home Address: Code: Town:
 Mobile Tel. No: E-mail:

NEXT OF KIN'S PARTICULARS

Name Date of Birth.....
 Relationship..... I. D/Passport Number
 Address Code: Town.....
 Tel: E-mail:
 Applicant's Signature Date
 Witnessed By/...../.....
 (Name) (M/No.) (Signature)

(For Official Use Only)

Kshs. 300/= by laws Paid on Receipt No:
 Kshs.5000/= Share Capital paid on Receipt No:
 Kshs.1000/= Entrance Fees Paid on Receipt No:
 "Voluntary Assignment" Signed on Membership admission Date
 Approved By Management Committee Via Minute No.
 Allocated Member Number..... Sacco 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.....