

**JOGOOSACCO CO-OPERATIVE SAVINGS & CREDIT SOCIETY LTD**

The secretary  
Jogoo Co-operative Savings and Credit Society Ltd  
P.o box 56074-00200  
TEL. 0721 694851, 0728694851, 0711454535  
NAIROBI.  
Email:info@jogoosacco.coop or jogoosacco@yahoo.com

**APPLICATION FOR WATOTO SAVINGS ACCOUNT MEMBERSHIP**

**PARENT'S DETAILS**

- 1) FULL NAME.....Cell no.....
- 2) PERSONAL (FORCE) NUMBER.....MEMBERSHIP NO.....
- 3) EMAIL.....
- 4) MINISTRY/DEPARTMENT.....ID NO.....
- 5) PRESENT ADDRESS.....

**CHILD'S DETAILS**

- 6) CHILD'S NAME.....CELL NO.....
- 7) CLASS.....
- 8) DATE OF BIRTH.....
- 9) GUARDIAN'S NAME.....ID NO.....CELL NO.....
- 10) NOMINEE'S NAME.....CELL NO.....
- 11) RELATONSHIP WITH NOMINEE.....
- 1<sup>st</sup> WITNESS.....SIGN.....CELL NO.....
- 2<sup>ND</sup> WITNESS.....SIGN.....CELL NO.....

I hereby make application for watoto account membership on behalf of my child and agree to conform to the by laws or any amendments thereof in the Jogoo Co-operative Savings and Credit Society Ltd.  
This application is only valid for children under 18 years.

Date.....

Signature.....

**FOR OFFICIAL USE ONLY**

Receipt No.....

Approved/Not approved by board of directors.....signature.....

HON. SECRETARY

**N/B Interst rate is 12% on savings prorated**

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**AUTHORITY TO MAKE DEDUCTION FROM SALARY.**

I...mr/mrs/miss..... hereby authorize you  
to deduct Ksh.....(in words) .....towards watoto savings  
account from my salary and pay to Jogoo Co-operative Savings and Credit Society ltd with  
effect from the month of.....20.....until further notice.

FULL NAME.....

PF. NO.....

MEMBERSHIP NO.....

MINISTRY/DEPARTMENT.....

PRESENT ADDRESS.....

**CHILD'S BANK ACCOUNT DETAILS (optional)**

ACCOUNT NUMBER.....

BANK.....

BRANCH.....

Date.....

Signature.....

**N/B Interst rate is 12% on savings prorated**