

JOGO 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(sms line only)
Commodore office suites, kindaruma road off Ngong road
NAIROBI.
Email:info@jogoosacco.coop or jogoosacco@yahoo.com



**AFFIX ONE
COLOURED
PASSPORTS
SIZE
PHOTOGRAPH
(do not staple)**

APPLICATION FOR MEMBERSHIP

- 1) FULL NAME.....MOBILE NO
- (As they appear in ID attach a copy)
- 2) PERSONAL NUMBER.....MEMBERSHIP NO.....
- 3) DESIGNATION.....EMAIL.....
- 4) MINISTRY/DEPARTMENT.....
- 5) KRA PIN.....(attached a copy)
- 6) EMAIL ADDRESS.....
- 7) PERSONAL ADDRESS.....CODE.....
- 8) PARENT’S / GUARDIAN
 - i)Name.....Mobile No.....
 - ii) Name Mobile No.....
 - iii) Name..... Mobile No.....
- 9) HOME COUNTYSUB COUNTY
- 10) COUNTY OF RESIDENCE.....
- 11) DATE OF BIRTH.....
- 12) NEXT OF KINRELATIONSHIP.....
- ID.....(Attach ID Copy) Mobile No.....
- 13) CONTACT PERSON.....RELATIONSHIP.....
- ID NO..... (Attach ID copy) MOBILE NO.....
- 14) WITNESSES
 - i)Name.....Mobile No.....Sign.....Date
 - ii)Name.....Mobile No.....Sign..... Date.....

I hereby declare that to the best of my knowledge all information I have provided on this from, all supporting documents are true and correct and I agree to conform to the bylaws or any amendments thereof in the Jogoo Co-operative Savings and Credit Society Ltd.

ID NO..... DATE.....

Sign in the below box

Introduced by; Name... Signature.....Tel No.....

JCSC F.1

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AUTHORITY TO MAKE DEDUCTION FROM SALARY

I.....hereby authorize you
to deduct Ksh..... (In words)as share
and deposits Contribution 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.....

DESIGNATION.....

MINISTRY/DEPARTMENT.....

EMPLOYER'S ADDRESS..... TELEPHONE.....

Email address.....

MEMBERS PERSONAL BANK ACCOUNT DETAILS

ACCOUNT NUMBER.....

BANK.....

BRANCH.....

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

FOR OFFICIAL USE

The deduction will reflect in the pay slip in the month of.....

Effected by (Name)

Sign.....

Date.....