

METHODIST CO-OPERATIVE SAVINGS & CREDIT SOCIETY LTD

Telephone: 020-2403437 / 0721765045

Fax: 020-2403438

Email: sacco@methodistchurchkenya.org
methodistsacco@yahoo.com



METHODIST MINISTRIES CENTRE

OLOITOKITOK RD

P.O. BOX 47633 - 00100 NBI

1. APPLICATION FOR MEMBERSHIP

COMPLETE THIS FORM WITH BLOCK CAPITAL

Date issued _____

Date received _____

I hereby make an application for membership and agree to conform to the societies By-Laws and any amendments thereof.

Full name: Mr. Mrs. Miss. Rev. _____

Date of birth _____ Official designation _____

Payroll number _____ Terms of service _____

I.D. No. _____ Employer _____

Date _____ Department _____

Current Residence _____ Present address _____ Mobile No. _____

Home address _____ Email _____

Signature of applicant _____

2. NOMINATED NEXT OF KIN/S

I the undersigned, in the event of my death whilst a member of the society, hereby instruct the society to pay all amounts due to me, less any debts to the society, to the named in this section. The name of nominee can be given in a sealed letter. I understand that I may alter the name of the Nominated Next of kin by filling in a subsequent Nominated Next of kin form.

NAME	RELATIONSHIP TO MEMBER	% OF SHARE/INTEREST	ADDRESS	TELEPHONE
1.				
2.				
3.				
4.				

Witnessed by:

1. Name _____ ID NO _____

Address _____ Tel. NO. _____ Signature _____

2. Name _____ ID NO. _____

Address. _____ Tel. NO. _____ Signature _____

3. FOR OFFICIAL USE ONLY

INTRODUCED BY: _____ INSTITUTION _____ M/SHIP No. _____

DATE OF ADMISSION TO MEMBERSHIP _____ 1ST DEDUCTION _____

MEMBERSHIP REGISTER NO. _____ RECORDED BY MGT.COMMITTEE _____

CHAIRMAN'S SIGNATURE _____ MINUTES NO/DATE _____

DATE OF WITHDRAWAL _____ DATE OF REFUND MGT.COM. _____

MEMBERS NAME & ADDRESS

TO PAYING OFFICER

Dear Sir / Madam,

RE: MONTHLY CONTRIBUTION OF SHARES TO METHODIST SACCO LTD.

Please deduct Kshs..... (Shillings.....)

With effect from.....from my salary every month and remit the same to the treasurer

Methodist Sacco ltd. P.O BOX 47633, Nairobi, Kenya.

Yours faithfully,

.....

MEMBERS NAME & ADDRESS

TO PAYING OFFICER

Dear Sir / Madam,

RE: MONTHLY CONTRIBUTION OF SHARES TO METHODIST SACCO LTD.

Please deduct Kshs..... (Shillings.....)

With effect from.....from my salary every month and remit the same to the treasurer

Methodist Sacco ltd. P.O BOX 47633, Nairobi, Kenya.

Yours faithfully,

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1. APPLICATION FOR MOBILE BANKING

COMPLETE THIS FORM WITH BLOCK LETTERS

I hereby make an application for Mobile Banking and agree to conform to the Society's By-Laws, rules and regulations of mobile banking and any amendments thereof.

Full name: Mr. Mrs. Miss. Rev. _____

Date of birth _____

I.D. No. _____

Mobile No. _____ (M-Pesa registered line)

Current Residence/Region _____ (We classify our members according to regions, either **Nairobi**, **Mombasa** or **Meru**)

Present address _____

Email address _____

2. NOMINATED NEXT OF KIN/S (incase a member wants to change the current status)

I the undersigned, in the event of my death whilst a member of the society, hereby instruct the society to pay all amounts due to me, less any debts to the society, to the named in this section. I understand that I may alter the name of the Nominated Next of kin by filling in a subsequent Nominated Next of kin form.

NAME	RELATIONSHIP TO MEMBER	% OF SHARE/INTEREST	ADDRESS	TELEPHONE
1.				
2.				
3.				
4.				

Signature of applicant _____

Date _____

3. FOR OFFICIAL USE ONLY

REGISTERED BY: _____

MEMBERSHIP REGISTER NO. _____

CONFIRMED BY: _____