



# GOOD FAITH SACCO SOCIETY LTD

P. O. Box 224 - 00222, Uplands,  
Tel: 0711 263 398, 0708 414 490

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Motto: Philippians 4:13

## APPLICATION FOR MEMBERSHIP FORM

1. I the undersigned hereby make an application for membership and agree to confirm with GOOD FAITH SACCO LIMITED Laws, by-law and amendments thereof.

### 2. PERSONAL DETAILS

Surname:..... Other Names:.....

Identification(I.D\Passport)..... Document No:.....

Date of Birth:..... Sex:..... Nationality:..... Marital Status:.....

Country of Residence:..... Postal Address:.....

Town:..... Postal Code:.....

Physical\Residential Address:.....

Telephone:..... Alternative Tel:.....

Occupation..... Position Held:.....

### 3. CHURCH DETAILS

Name of Church:..... Branch:.....

Date of Membership:..... Responsibility:.....

### NOMINATION

THE COOPERATIVE SOCIETY ACT NOMINATION FORM

TO: THE CHAIRMAN

GOOD FAITH SAVINGS & CREDIT CO-OPERATIVE SOCIETY LIMITED

P.O BOX 224 - 00222 UPLANDS

I(full names)..... ID No.....

of post office box..... and member of.....

CO-OPERATIVE SOCIETY LIMITED; being member no..... Hereby nominate the following nominee(s) to inherit my shares or interest in the same society in the following manner:

NAME OF NOMINEE	RELATIONSHIP	TELEPHONE NUMBER	ID NUMBER	% OF INTEREST

**DECLARATION**

I hereby declare that the above information is true. I will abide by the rules and by laws of the society

NAME: .....

SIGNATURE: ..... DATE:.....

INTRODUCED BY: ..... MNO:.....

**SELECT ACCOUNT TYPE:**

BOSA ACCOUNT

FOSA ACCOUNTS

1, SAVING ACCOUNT

2, GROUP ACCOUNT

3, INSTITUTIONAL ACCOUNT

4, WATOTO ACCOUNT

5, JOINT SAVINGS ACCOUNT

6, BODABODA ACCOUNT

**SPECIMEN SIGNATURE:**

**FOR OFFICIAL USE ONLY**

**PART I - ADMISSION**

THE APPLICANT HAS BEEN ADMITTED AS MEMBER NO .....

THROUGH MINUTE NUMBER .....

CHAIRMAN’S SIGNATURE .....

DATE.....

**PART II - REJECTION**

THE APPLICATION HAS BEEN REJECTED:

REASON: .....

.....

CHAIRMAN SIGNATURE: .....

**PART III - WITHDRAWAL**

THE APPLICANT HAS WITHDRAWN FROM THIS SACCO ON: .....

THE APPLICANT HAS RECEIVED KSHS: .....

AMOUNT IN WORDS AMOUNT: .....

.....

MODE OF PAYMENT: .....

NAME OF PAYING OFFICER: .....

SIGNATURE OF PAYING OFFICER: .....

SIGNATURE OF MEMBER RECIVING REFUNDS: .....