

STUDENT MEMBERSHIP APPLICATION FORM

NOTE: See instructions overleaf

A. PERSONAL DETAILS

1. SURNAME FIRST NAME LAST NAME
2. NATIONAL ID OR PASSPORT NO. DATE OF BIRTH
3. POSTAL ADDRESS: P.O BOX CODE CITY/TOWN.....
4. PHYSICAL ADDRESS: ESTATE HOUSE NO. TOWN/CITY.....
5. MAIL ADDRESS KRA PIN
6. PERSONAL TEL NO. ALTERNATIVE TEL NO.
7. NAME OF PUBLIC INSTITUTION NEAR YOUR PLACE
8. UNIVERSITY/COLLEGE FACULTY..... CAMPUS.....
9. **Course duration**.....

B. NEXT OF KIN AND PUBLIC ADMINISTRATOR DETAILS

1. SURNAME FIRST NAME LAST NAME
2. NATIONAL ID/PASSPORT NO. RELATIONSHIP
3. TEL NO. EMAIL ADDRESS
4. NAME OF LOCATION CHIEF
5. NAME OF YOUR SUB CHIEF OF YOUR SUB LOCATION.....

C. LIST OF DEPENDENTS

(Only one spouse if any, biological and legally adopted children)

FULL NAME	DATE OF BIRTH			SEX	RELATIONSHIP
	D	M	Y		

D. IRREVOCABLE INSTRUCTIONS

I, Dr/Mr./Mrs./Miss..... (in block letters) of ID NO.
..... hereby commit to pay Kshs. being monthly contributions
towards my student membership. I also acknowledge that this instruction shall/can only be terminated
with knowledge and written consent of CHUNA SACCO.

I also do hereby certify and confirm that the information I have provided therein is true and correct to
the best of my knowledge and in case of any changes I will notify the SACCO in writing and if any
explanation is sought by CHUNA SACCO from my end, I shall provide that information within fourteen
days in writing from the date of receipt of such request.

Sign in the box below.

E. MEMBERSHIP REFERRAL

Recruited by: Member
Number..... Signature..... Date.....

F. FOR OFFICIAL USE ONLY

Application Verified and Approved by..... Position..... Sign..... Date.....
Membership No. (Allocated)..... Membership fee receipt No.

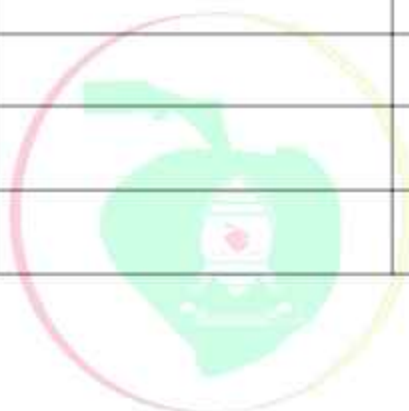
INSTRUCTIONS

1. Please fill all the sections you are required to except Section E and F.
2. Section E is to be filled by a current CHUNA SACCO Member:
3. Please Attach the following documents:
 - Copy of your **National ID/Passport**
 - Copy of your **KRA PIN**
 - Copy of your Student ID
 - **One passport** photo size
 - Copy of Admission letter
4. Membership **joining/rejoining** fee is kshs.200.00
5. **List of Beneficiaries:** list them and the percentages (Mandatory)



A Beneficiary is the individual(s) appointed to benefits from the estate in case of person's demise while still a CHUNA SACCO member.

	Name in full	Relationship	ID No.	Allocation%	Email Address
1					
2					
3					
4					
5					
6					
7					



CHUNA DT SACCO LTD
"The University Sacco"