

BUNISTA SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD

Your Ref:	Our Ref:	P.O BOX 194-40601 BONDO Date:
	Our No.:	
APPLICAT	TON FORM FOR MEMBERSHIP	BUNISTA SACCO SOCIETY LTD
a. I hereby make	application for the membership of the B	unista Sacco Society Ltd and
b. Undertake to Meeting.	abide by the By-Laws and Resolutions of	f the Committee of the Society and the General
1. Full Name_		
2. P/F No		
3. I/D / Passpo	rt No	
4. Date of Birt	n///	
5. Nationality		
6. County	District_	
Location	Sub – lc	ocation
7. Department	D	esignation
8. Mobile Pho	e NoE	mail
9. Terms of Se	vice	
10. Home Addr	cssCode	Town
Have you ever be	en a member of this Sacco before? Yes /	No
(Delete whichever	is not applicable) if yes state	
	Sacco membership numbe	er
	Date membership ceased _	
Signature of appl	cantDat	e/



BN BUNISTA SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD

P.O BOX 194-40601, BONDO.

Your Ref:		Our Re	f:		_ Date:		
TO: JARAMOGI OO	GINGA ODING	SA UNIVERSITY OF S	SCIENCE & T	ECHNOLOGY			
AUTHORITY T	O MAKE D	EDUCTIONS FR	OM EMPL	OYEES SAI	ARY TOWARDS		
BUNISTA SAC			OW EWIL	OTEES SAL	ZAKI TOWAKDS		
		hereby authorize you to deduct					
Kshs	from my r	om my monthly salary and pay Bunista Sacco Society Ltd with effect from					
the month of	20	until further not	tice.				
Please deduct Ks	hs. 1,000.00	entrance fee along	with the mor	nthly contribu	tion.		
o Yes							
o No							
P/F No							
Department							
		Code		Town			
Member's Signat	ure		Date	/	/		
This is to be used	for deductio	n of shares from m	y salary.				
<u>NOTE</u>		•					
	bank as it a	opears on your pay	slip and you	r account nur	nber.		
Bank NameBranch							
Bank Account Nu	ımber						
		FOR OFFIC	CIAL USE				
	1. DATE C	OF ADMISSION					
		VED ON					
	3. MEMBI	ERSHIP FEE PAID _					
		ERSHIP REGISTRA					
	5. APPRO	VED BY MANAGE	MENT MINU	JTE NO			
	6. MEMBI	ERSHIP NO					