

BUNISTA SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD

			P.O BOX 194-40601 BONDO
Your Ref:	_ Our Ref:	D	ate:
APPLICATION FORM FOR CHRIS	TMAS PACKAGI	E SCHEME ME	MBERSHIP (CPS)
I hereby make application for the membersh By-laws or any amendments thereof:	iip of Christmas Pack	tage Scheme and ag	ree to conform to the
FULL NAME			
ID NO			
DATE OF BIRTH/	/	AGE	
DEPARTMENT			
PRESENT ADDRESS		TOV	VN
MOBILE NO			
DESIGNATION			
TERMS OF EMPLOYMENT			
P/F NO			
HOME ADDRESS		TOWN	
Have you ever been a member of this fund be (Delete whichever is not applicable) if yes s			
Christmas Package Scheme membership nur	mber		
Signature of applicant	Date	//	
	OR OFFICIAL USE		
DATE OF ADMISSION			
DATE OF CEASETION			
APPROVED BY MANAGEMENT MINUT	ΓΕ NO		
CPS MEMBERSHIP NO			
All correspondences addressed to: Management – Bunista Christmas Package S P.O Box 194-40601	Scheme		

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Your Ref:	Our Ref:	Date:
TO: JARAMOGI OGINGA ODIN	IGA UNIVERSITY OF SCIENCE &	& TECHNOLOGY
AUTHORITY TO MAKE	DEDUCTIONS FROM EMP	PLOYEES SALARY TOWARDS
CHRISTMAS PACKAGE	SCHEME (CPS)	
Kshsfrom my	monthly salary and pay Bunis	hereby authorize you to deduct sta Christmas Package Scheme with notice.
Please deduct Kshs. 1,000.0	0 entrance fee along with the r	monthly contribution
Yes		
No		
P/F No		
Department		
Address	Code	Town
Member's Signature	Date	/
This is to be used for deducti	ion of shares from my salary.	
NOTE		
Please quote your bank as it	appears on your pay slip and y	your account number.
Bank Name		Branch
Bank Account Number		
All correspondences addressed		
Management – Bunista Christn P.O Box 194-40601	ias rackage scheme	

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