

CONFIDENTIAL INFORMATION

SIMCORP SACCO
VOLUNTARY APPLICATION FOR MEMBERSHIP

My correct particulars are as follows:

Full Names

Mr/Mrs./Miss•.....

Date of Birth :.....Payroll no:.....

Company :.....Branch/Department.....

Personal Address

County..... Division.

Location..... Sub Location.....

ID no.....Mobile no.....

Next of Kin

NO.	Name	Relationship	Full Address	Contact-Mobile	Distribution %
1)					
2)					
3)					
4)					

Applicant's signature.....

Witness: (Delegate).....

(Name)

(Signature)

(Date)

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Entrance Fee Payment (Ksh.1000.00) date..... Receipt No.....

Voluntary contribution form signed on.....Admission Date

Membership Approval - Minute ref.....-Dated.....

Allocated Membership no.....

Secretary

Chairman

Date

SIMCORP SACCO

P.O.BOX 48296 00100

NAIROBI

VOLUNTARY MONTHLY SHARE CONTRIBUTION REQUEST FORM

To the payroll officer

Company :

Department :

Dear Sir / Madam

I Mr/ Mrs / Missof ID no.....and of
Payroll.no..... authorize the deduction of a sum of ksh..... (in words) .
.....
from my salary as share contribution to the Simba Corp Welfare with effect from (month)
.....This instruction can only be terminated in writing to the Chairman who
shall then advise the payroll officer accordingly.

Please ensure the details are filled carefully by the undersigned.

Name:

Signature..... Date.....

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Membership no. :

Dispatch Date.....

Name of the officer..... Signature.....

Designation •.....