

CONFIDENTIAL INFORMATION

SIMBA CORP WELFARE

VOLUNTARY APPLICATION FOR MEMBERSHIP IN
THE SIMBA CORP WELFARE

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 name:.....

Full Address.....

Contact Mobile..... Physical Address.....

His/Her Relationship with you.....

Applicant's signature.....

Witness: (Delegate)

(Name)

(Signature)

(Date)

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Entrance Fee Payment (Ksh1000.00) date.....Receipt no.....

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

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

Allocated Membership no.....

.....
Secretary

.....
Chairman

.....
Date

SIMBA CORP WELFARE
P.O.BOX 48296 00100
NAIROBI

(FILL IN DUPLICATE)

VOLUNTARY MONTHLY SHARE CONTRIBUTION REQUEST FORM

To the payroll officer

Company :

Department :

Dear Sir / Madam

I Mr / Mrs / Miss.....of ID no.....and of
Payroll no.....authorise 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 :