



MEMBERSHIP APPLICATION FORM

P.O.BOX 6622 -00300, NAIROBI
TEL: +254758455129
EMAIL: secretary@superiorhotelsacco.com
WEB: www.superiorhotelsacco.com

**AFFIX
PHOTO
HERE**

(Please sign within the Box)
SIGNATURE

Please complete in full in **BLOCK** Letters.

This form is complete when attached: One recent **COLOURED Passport** Photograph, **Copy of ID** and Copy of **KRA PIN**.

PERSONAL PARTICULARS (As per ID or Passport)

FIRST	MIDDLE	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

GENDER	ID/PASSPORT NUMBER	DATE OF BIRTH
<input type="text" value="M"/> <input type="text" value="F"/>	<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

POSTAL ADDRESS

<input type="text"/>

HOME PHYSICAL ADDRESS

<input type="text"/>

EMAIL ADDRESS NUMBER	TELEPHONE (PREFERABLY MOBILE)
<input type="text"/>	<input type="text"/>

HOTEL NAME

DEPARTMENT	DATE OF JOINING
<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

I the undersigned, upon my demise whilst a member of the society, hereby instruct the society to pay all amounts due to me less any debts to the society, to the person(s) named in this section. The name(s) of nominee(s) can be given in sealed letter. I understand that I may alter the name of nominated next of kin by filling in a subsequent nominated next of kin form.

NO.	NOMINATED NEXT OF KIN/S	RELATIONSHIP	ID/PP NO. PHONE NO. If Minor indicate C/o	DATE OF BIRTH (D.O.B)	PHONE NUMBER	Percentage (%) Assigned
1.						
2.						
3.						
4.						

REMMITANCES

I hereby authorize you to deduct Kshs. _____ Monthly Deposits Contribution (Minimum Ksh. 1,000 and Kshs. _____

Share Capital Contribution (minimum 4,000) from my Salary and/or any other mode of Remittance and pay Superior Hotels Sacco Society Ltd with effect from the month of _____ until further notice. Membership of Kshs 500.00 will be deducted with the 1st deduction from payroll OR any other mode of Remittance arrangement with the society. (Share Capital can be paid in installments of maximum 8 months)

<u>MODE OF PAYMENT</u> <u>YOU NEED TO BE CONSISTENT</u> <u>ON A MONTHLY BASIS</u>	<u>TICK APPROPRIATELY</u>	<u>BANKS</u>	<u>MPESA</u>
EMPLOYER (CHECK OFF)			

All payments to be made to Superior Hotels Sacco Society Ltd: Co-operative Bank; Moi Avenue Branch; Account Number: 01134643943900 OR PayBill: 400200 Account Number: 40073327 Business Name: Superior Hotels Sacco Society Ltd

I hereby make an application for membership and agree to conform to the Cooperatives By-Laws and any amendment thereof.

SIGNATURE OF APPLICANT (Within the Box)

FOR SOCIETY USE ONLY

ENTRANCE FEE (500) PAID ON RECEIPT NO.....

DATE OF ADMISSION TO MEMBERSHIP

ACTIONED BY.....

CHECKED BY: MEMBERSHIP NO..... DATE