CHASCO SACCO LIMITED

P.O BOX 229 – 20210 LITEIN. HEAD OFFICE, LEITICH PLAZA – LITEIN

Email address: info@chascosacco.co.ke **Website: www.chascosacco.co.ke**

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MEMBERSHIP APPLICATION FORM.

The Chairman,
Chasco Sacco Limited,
P.o Box 229,
LITEIN.

Dear Sir,

APPLICATION FOR MEMBERSHIP

PART ONE

I hereby make application for membership and agree to confine to society by laws and amendments thereof
Name in full……ID NO……Date of Birth *(Dd/Month/Yr)*……
Nationality……Zone……Buying center……
Address……Designation……Phone No……
Name of Next of kin (Mrithi)…… Date of Birth *(Dd/Month/Yr)*……R/ship……
ID.NO……Address……Phone number……Ratio%……
Have you been a member of the society before? Yes ☐ Member Number…… No ☐ If Yes state reasons why you left……
Recruited by(Delegate/Member/Officer)……Signature……Date……

PART TWO

I……..hereby authorize you to deduct every month Kshs……from my tea payments for my shares, Kshs 200 for share capital and Kshs 100 for welfare and pay CHASCO Cooperative Society with effect from……..I hereby give undertaking that these instructions will only be terminated with knowledge and written approval of the Chairman of the Society.

Signature…… **Date**……

FOR OFFICIAL USE ONLY

Prepared By

Marketing Executive……Date……Sign……

Assigned Member Number ……Date……

I certify that the above is true and do/not recommend that the applicant be considered for Membership. His/her registration fee of kshs 500 has been credited to the society account.
Date Registered ……Signature…….. (Chairman/Secretary)
Approved By

Chairman/C.E.O……Date……Sign……