



KANISA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD

All Africa Conference of Churches Compound, Opposite Safaricom House, Waiyaki Way

P.O. Box 1210, Postal Code 00606, Sarit Center, Westlands, Nairobi, Kenya

Telephone : +254-20-4450135

Mobile : +254-714-612049

Website : [Http://www.kanisa-sacco.org](http://www.kanisa-sacco.org)

Email : Info@kanisa-sacco.org

MEMBERS REJOINING FORM

TO: The Hon. Secretary,
Kanisa SACCO Ltd.
P. O. Box 1210-00606
Nairobi, Kenya

I hereby make an application to rejoin Kanisa Sacco and agree to conform to the Societies By-Laws and any amendment thereof.

Full Name: Mr. Mrs. Miss _____

ID No. _____ Tel/Mobile _____

Employer _____ Terms of Service _____

P.O. Box _____ Email: (off) _____ (personal) _____

Date of withdrawal _____

First deduction date _____ Amount _____

Signature _____ Date _____

FOR SOCIETY USE ONLY

Date of admission to membership _____ first deduction due date _____

Membership Register No. _____ Manager _____ Sign _____

Chairman's Signature _____

Secretary's Signature _____



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VOLUNTARY ASSIGNMENT FORM

To: The Accountant

----- (Organization)

(To be filled in Duplicate)

Through: The Secretary/Treasurer
KANISA Co-operative Saving & Credit Society Ltd.
P. O. Box 1210-00606, Sarit Centre, Nairobi, Kenya

I, Mr. / Mrs. / Miss..... (Payroll no.....
hereby authorize and request you to deduct from my salary each pay day the sum of shillings.....
(in words) with effect
from 20 to be paid to Kanisa Co-operative Savings and Credit Society Ltd. The
instruction to terminate will only be done with the knowledge and written approval of the treasurer of the said society.

NAME:
P.O Box Tel
Email (Office) (Personal)

SIGNATURE: DATE:

FOR SOCIETY'S OFFICIAL USE ONLY

MEMBERSHIP NUMBER
DATE FORWARDED
SIGNATURE OF FORWARDING OFFICER
DESIGNATION