THE PAYROLL MASTER

ISUZU EAST AFRICA

PO BOX 30527-00100

NAIROBI

Voluntary Assignment – Payroll No. ………………………………………

I, Mr. /Mrs. / Miss/ Ms …………………………………………………………………….

hereby authorize and request you to deduct from my salary each month a sum of kshs……………………………….with effect from…………………………………. …………………………………20……..to be paid to Smart Savers Co-operative & Credit Society Limited.

This order stays in force and cannot be terminated without a written approval from the treasurer of the above society.

SIGNATURE ………………………………… DATE……………………………..

……………………………………

ACCOUNTANT

………………………………………

SOCIETY STAMP

**SMART SAVERS SACCO LTD**

**APPLICATION FOR MEMBERSHIP**

I hereby apply for the membership of **Smart Savers Co-Operative Society**. I agree to abide by the by-laws and any other amendments of the above society.

Full names …………………………………………………………………

 (surname) (first name) (other names)

Date of birth……………………………………………………………….

 dd/m/yr

Employer…………………………………………………………………

Occupation…………………………………………………………………

Payroll no………………………………………..

Kra Pin …………………………………………

Terms of service………………………………………………………….

Identity card no……………………..

Address………………………………………………………………………

Telephone no…………………………………………………………………

**Email address……………………………………………………………….**

Have you ever been a member before- yes /no……………….

If yes state the membership no……………………………………….

Next of kin (Beneficiary) 1.……………………………………………..

 2.

 3.

Next of kin Tel number…………………………………………………

His or her relationship ………………………………………………..

Applicants signature………………………………………………….

Applicants witness………………………………………………………

Applicants witness signature………………………………………

Date joined…………………………………………………………………

**Nb** please enclose a passport size photo and copy of national Identity card while returning this form.

**For official use only**

Membership number ………………….

Membership fee………………………….

Date of admission to membership………………………………….

Checked by…………………………………… Date…………………