



Passport size phot

P.O. Box 25095
Nairobi 00603
Kenya.
Tel: 606155-2336

SACCO'S JUNIOR ACCOUNT

FORM NO. 2: MZIMA JUNIOR MEMBERSHIP APPLICATION

(Please print in CAPITAL LETTERS with ink.)

A. PERSONAL DATA

- Names of the Child _____
(surname) (firstname) (middlename)
- Date of Birth : ____/____/____
- Nationality-----
- City -----
- Physical address. -----

PARENT/GUARDIAN DETAILS

- Name:.....
- (surname) (first name) (middle name)
- Mobile phone no:_____ Alternative Phone Number:_____
- E-Mail Address:_____
- Signature -----Date-----

FUNDING.

- Name.....
- Name of Bank _____ Branch: _____
- Account Name: _____ Account No. _____

B. NOMINATION OF BENEFICIARY

I, as a member of the co-operative, do hereby appoint the following listed nominee(s) to be the only legal beneficiaries of the net of my shares over all loans owing or my total shares in case of my sudden demise subject to the validity of my membership as at the time of death. The beneficiaries are in order of preference.

1. Beneficiary's full names: _____
(Surname) (firstname) (Middleman)

Beneficiary's ID Number: _____ Relationship to member: _____
Telephone No.....

2. Beneficiary's full name: _____
(Surname) (firstname) (middlename)

Beneficiary's ID Number: _____ (number in figures)

3. Beneficiary's relationship to member: _____ Telephone no.....

4. Name of Bank----- Branch _____
Account Name----- AccountNo.-----

C I _____ wish to save ksh _____ every month starting

_____ (date) after paying a nonrefundable joining fees of Ksh 500

