

APPLICATION FOR MEMBERSHIP TO

AFYA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED
P O BOX 11607-00400, TEL:2223950/2223961/2223970 NAIROBI

A. INSTRUCTIONS

1. This form should be completed in full
2. Use block letters only to complete the form
3. The form must be accompanied by copy of **Latest Pay slip, Copy of ID Card and Two Coloured Passport Size Photographs** duly certified by the Branch Chairman or Personnel Officer. One copy of the photograph will be returned to you with your Afya Membership Card.
4. **Minimum Deposit/ Saving contribution is Kshs.2,000/-.**
5. Minimum deposit retained shares of Kshs.20,000/- repayable at a minimum rate of Kshs.500 per month.

B.

1. Full Name
 2. Nationality.....
 3. Date of Birth..... Age.....
 4. Date of Employment
 5. Personal Number(Attach Photostat copy of Payslip)
 6. a) ID Card No.....(Attach copy of Identity card)
b) Passport No..... (This applies to foreigners only)
 7. Have you been a member of this society before? If yes please quote previous Afya No.....Emp No.....
 8. DesignationDepartment/Section
 9. Name and present address of Employer.....
.....
 10. Present Station and Address.....Name of Afya Sacco Branch.....
 11. Home Address.....Tel:..... Mobile No..... Email.....
County.....District.....
Division..... LocationSub Location.....
Name of Chief.....Assistant Chief.....
 12. Next of Kin or Nominee(s).....
Relationship.....
Age(s).....Adult.....Minor.....
Permanent Address for Nominee(s)..... Mobile No.....
13. **AUTHORITY TO MAKE DEDUCTION FROM SALARY:** hereby authorised you to deduct amount stated below from my salary every month in respect contribution:-

- i) Membership Fee.....Kshs.1,000/-
 - ii) Monthly Savings/Deposits Shares.....
 - iii) Shares Capital/Retained Share.....
 - iv) Afya Benevolent Fund.....Kshs.300/-
- Total Amount

I certify that the information given here is correct to the best of my knowledge.

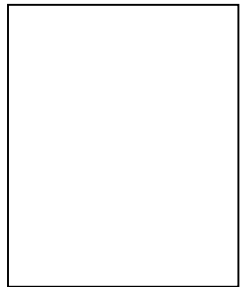
Signature of Applicant.....
Date of Signature.....

15. C. FOR BRANCH OFFICIALS' USE

I certify that this is an employee of.....Within Afya Sacco Branch Named.....
Signature.....Date.....

16. D. FOR OFFICIAL USE ONLY

Date of Registration..... Afya Co-operative Number.....



Affix Photo Here