

LIKIZO WITHDRAWABLE SAVINGS SCHEME (LWSS) MEMBERSHIP FORMS

Shelloyees Sacco Ltd,
P.O Box 73902-00100,
Nairobi.

Tel: 3205555/5270

Shelloyees Form SS-7

APPLICANTS PARTICULARS

Name:M/no:.....Emp no:.....
Date of Birth:I/D/Passport:
Company: Employer Address
Tel No:..... Home /Present Address:.....
Mobile phone: Email Address.....

I hereby apply for membership to Likizo Savings Scheme w.e.f20.....
My monthly contribution shall be Kshs..... (In words).....
.....

Mode of Payment:

Check-off By Cheque/Bank slip/Standing Order

NEXT OF KIN

Pursuant to the by-laws of this society, I hereby nominate:

Name	Relationship	%
1.		
2.		
3.		

WITNESSES

Witnessed by Name:.....

I/D No:Signature:.....

Applicant's Signature:.....Dated this day of20.....
(Attach a copy of your National I/D/Passport)

FOR OFFICIAL USE ONLY:

Date of Admission

Applicant's particulars verified by:

Name:Signature:.....Date:.....

APPROVAL BY THE MANAGEMENT

.....
Treasurer/Manager

.....
Date

Notes:

- 1. Minimum monthly contribution is Kshs 1,000.00*
- 2. Entrance Fees is Kshs 500.00*
- 3. Minimum operating balance is Kshs. 1000.00 unless you are closing the account.*
- 4. Annual interest Earning is 5%p.a for a minimum saving period of 6 months*
- 5. Withdrawal from this account shall be once every quarter.*