LIKIZO WITHDRAWABLE SAVINGS SCHEME (LWSS) MEMBERSHIP FORMS

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

Shelloyees Form SS-7

Tel: 3205555/5270

APPLICANTS PARTICULARS

Date of Birth:	I/D/Passpor Employer Address Home /Present Add	rt: Iress: Address.
My monthly contribution sl	nall be Kshs	eme w.e.f20
Mode of Payment: Check-off NEXT OF KIN Pursuant to the by-laws of t	By Cheque/Ba	ank slip/Standing Order
Name	Relationship	%
1.	Тепинополір	
2.		
3.		
WITNESSES Witnessed by Name: I/D No:		
Applicant's Signature: (Attach a copy of your Nationa		is day of20
FOR OFFICIAL USE ONLY Date of Admission Applicant's particulars veri		

Name:	Signature:	Date:
APPROVAL BY THE MA	NAGEMENT	
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.