



TETRA PAK SACCO LTD
MEMBERSHIP APPLICATION FORM

I hereby make an application for membership and agree to conform to the Tetra Pak Sacco Co-operative by-laws and any amendments thereof

A. APPLICANT PARTICULARS:

<i>Full Name:</i>	
<i>Mobile:</i>	<i>Email:</i>
<i>Date of birth:</i>	<i>Id No (attach Copy):</i>
<i>Marital Status:</i>	<i>Gender:</i>
<i>Residence:</i>	<i>Location:</i>

B. EMPLOYMENT DETAILS

<i>Applicant's Employer</i>		<i>Postal Address</i>		<i>Physical Address</i>	
<i>Telephone</i>		<i>Designation</i>		<i>Retirement Date</i>	
<i>Employment Terms</i>	<i>Permanent</i>	<i>Casual</i>	<i>Contract</i>	<i>Others</i>	

C. SOURCE OF FUNDS

<i>salary</i>	<i>Pension</i>	<i>Business</i>	<i>Others(specify)</i>
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Business details (to be filled by a business applicant)

<i>Business Name</i>	<i>Nature of business</i>
<i>Business Address</i>	<i>Business Location</i>

D. PROPOSED MODE OF DEDUCTION

<i>Check-off</i>	<i>Standing Order</i>	<i>Direct Debit</i>	<i>Others(specify)</i>
<i>Effective Date:</i>			

E. NOMINATED NEXT OF KIN

The undersigned, in the event of death whilst a member of the society, hereby instruct the society to pay all amounts due to me, less any debts to the society, to the person(s) named in this section. The name(s) of the nominee(s) can be given in the sealed letter. I understand that I may alter the name(s) of the nominated next of kin(s) by filing in a subsequent nominated next of kin form.

NOMINATED NEXT OF KIN DETAILS

Name	ID/No	Relationship	Contact/Address	Date Of birth	%

Kindly note if the nominee is below 18years of age then the amount of deposits will be forwarded to the public trustee

Applicant's Signature _____ Date _____

Witness Name: 1 _____ Signature & Date _____

: 2 _____ Signature & Date _____

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Date of admission _____.

Date of cessation _____.

Allocated Membership No. _____.

First deduction due _____.

Signed _____ Date _____.

Data Captured by _____ ...

NOMINATION AND AUTHORITY TO DEDUCT SALARY WAGE

(To be filled by those whose deductions are through check-off)

Authority to make deductions from salary/wage

Tetra Pak Ltd
P.o. Box 78340
Nairobi

I _____ Employment No. _____ hereby authorize you to deduct an amount stated below from my salary/wage every month and pay the same on my behalf to TETRA PAK SACCO CO-OPERATIVE;
With effect from _____

Share capital contribution	
Share deposit	
Membership fee	
Total	

Member's signature _____
Date _____

FOR OFFICIAL USE

Honorable secretary's signature _____

NB: - Deductions shall not be undertaken without the approval and the secretary's signature.

DATE OF ADMISSION TO MEMBERSHIP,

FIRST DEDUCTION DUE

MEMBERSHIP REGISTRATION No.

RECORDED BY BOARD OF DIRECTORS.....

CHAIRMAN'S SIGNATURE.....

MINUTE No.....DATE.....

DATE OF WITHDRAWAL.....DATE OF REFUND.....

CHAIRMAN'S SIGNATURE.....

MINUTE No.....DATE.....

VOUCHER/]]CHEQUE No.....