



KENTOURS SACCO SOCIETY LTD

1st Floor Commodore Office Suites, Kindaruma Road, Kilimani, Nairobi
P.O. Box 79333 - 00200 Nairobi Telephone: 0709 309 000 Cell: 0722 968 596, 0733 667 596
Website: www.kentours.co.ke Email: info@kentours.co.ke

MEMBERSHIP REJOINING APPLICATION FORM

(Attach two passport-size photos)

I, the undersigned, wish to apply to rejoin Kentours Savings and Credit Co-operative Society Limited as a member. I do hereby agree to remit my monthly contribution of Kshs..... towards my deposits through employer check-off system or any other mode of payment acceptable to the Sacco with effect from 20.....

I understand that I have to pay membership rejoining fee of Kshs 2,000, purchase minimum share capital of 450 shares at Kshs 20 per share, pay Kshs 200 for a copy of By-Laws booklet and pay any other fee that may be applicable at the time of rejoining the Sacco.

APPLICANT DETAILS

Full Name: ID /PP No: (Attach Copy)

KRA PIN No (Attach Copy of Certificate) Date of Birth:

Gender..... Cellphone: Email Address:

Physical Address (Home/Estate/Street/House Number)

Home Address: P.O. Box Postal Code..... Town

County..... Sub-County..... Location.....

MARITAL STATUS

Married ☐ Single ☐ Other (specify)

If married provide spouse's details below:

Full Name of Spouse..... I.D/Passport No.

Email: Cellphone: P.O Box Code.....

Physical Address (Home/Estate/Street/House Number)

PREVIOUS MEMBERSHIP HISTORY

Membership Number..... Last Employer.....

Reasons for Membership Withdrawal.....

CURRENT EMPLOYMENT DETAILS

Employer:..... Physical Address / Station:.....

Office Telephone:..... Your Designation:..... Department:.....

BUSINESS DETAILS (FOR NON-EMPLOYED MEMBERS)

Name of Business:..... Nature of business:.....

Physical Address (Home/Estate/Street/Unit Number)

NOMINATED NEXT OF KIN (Nominee Card Must be Attached to this Form)

I, the undersigned, in the event of my death while a member of the Sacco, hereby instruct the Sacco to pay all amounts due to me, less any debt to the Society, to the person (s) named in my nominee card irrespective of any will made by me. I understand that I may alter the name of the nominated next of kin only by special written instruction to the Society.

Date:

Applicant's Signature.....