KENTOURS REGULATED NON-WDT SACCO SOCIETY LIMITED

BOARD /SUPERVISORY MEMBERSHIP APPLICATION FORM

c. d.					
e.		3			
f.	Telephone num	ber: Office			
		Mobile		• • • • • • • • •	
g.	Employer Nam	e			•••••
h.	Department				
i.	Payroll Number	r			
j.	Terms of Emplo	oyment; Permanent	/contract/Casual	(Delete	where applicable)
k.	Current position	n at the place of em	ployment		
1.	Highest acaden	nic qualifications			
m.	Highest Profess	ional qualifications			
n.	Any other quali	fications			
eadership p	ositions held				
Name of the	Organization	Position held	From	То	Achievements

I, accept and authorize publication of my
personal profile by the SACCO for the knowledge of the membership when elected on the
Board/Supervisory committee. I also understand that my obligations with and related party
dealings in the Sacco shall be disclosed to the members annually without the society seeking my
approval. I also confirm that I have read, understood and agree to be bound by the Societies Act,
Rules and Bylaws governing Kentours Sacco.
Applicant's Signature Date
Name of witness (must be a member of the Sacco)
Member No Date
Employer Confirmation;
(This part to be signed by senior management e.g. Human Resources Manager, General Manager
or a Director of the company)
I
Do hereby confirm that is an employee of
in the Department
Signatura Stamp Data
Signature Date

Declaration