

NITA-U SACCO

NITA-U Offices
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NITA-U SACCO MEMBERSHIP APPLICATION FORM

COMPLETE THIS FORM IN BLOCK LETTERS

I hereby make application for membership and agree to conform to the society's by-laws and any amendment thereof.

Name:		Gender	
Staff I.D No:		Directorate	
Physical Address:		Date of Birth	
Postal Address(Private):			
Telephone/Mob No:			
E-Mail:			
Next Of Kin And Contact			

NOMINATED BENEFICIARIES

I the undersigned in the event of my death while still an account holder with the NITA-U Staff SACCO Limited hereby instructs to pay all the amounts due to me less any debts of the society to the person named below:

Name.....Percentage.....(R/Ship).....Mobile No.....

Name.....Percentage.....(R/Ship).....Mobile No.....

Name.....Signature of Applicant.....Date.....

For Official Use Only

Application Accepted		Please Tick The Appropriate.
Application Rejected		
Comment:		
Name:	Signature:	
Date:	Secretary To The Nita-U-Sacco	