

VEP SACCO LIMITED

P.O. BOX 6851 THIKA - 0700335184

INDIVIDUAL MEMBERSHIP APPLICATION FORM

(Complete this form in block letters, attach 1 passport, I/D copy and membership fee receipt)

I hereby make an application for membership and agree to conform to the organization by-laws and any amendments thereof.

Full Names:..... Year Of Birth.....

Mobile/Telephone No.:E-Mail Address:.....

Occupation:.....Station.....Station/PF No.....

Postal AddressPhysical Address.....

NOMINEE/N.O.K

I the undersigned in the event of my death while still a member of Visionary Empowerment Programme(VEP) hereby authorize the organization to pay all the amounts due to me less any debts and charges due to the of the organization to the under listed person(s); **(NB: Total percentage to equal 100)**

1. Name..... ID NO/Minor..... R/ship..... Percentage

2. Name..... ID NO/Minor..... R/ship..... Percentage

3. Name..... ID NO/Minor..... R/ship..... Percentage

I understand that I may alter the nominee/N.O.K. by filling another nominee form to the office.

Contact person:.....Phone No.....R/ship.....

Contribution Kshs:..... per**(Tick one mode of contribution below)**

Cash Cheque Standing Order Check off Others (Specify).....

Applicant's I/D NoDate..... Signature

Witness Name.....I/D No.....Date:..... Sign

FOR OFFICIAL USE (Receipt No.....)

Date of Admission.....MNo. Issued.....Officer.....Signature.....

Director's Signature.....Date/Stamp.....