RELI CO-OPERATIVE SA Tel.0727796323/0729210867 Email:info@relisacco.co.ke	VINGS AND CREDIT SOCIET HEAD OFFIC P.O. BOX 5554 NAIRC	Photo
		Sign Below
MEMBERSHIP APPLICATION	<u>I FORM</u>	
APPLICANTS DETAILS		
Name: (as per ID.)		
Date of Birth:	Sex: Male:	Female:
Marital Status: Married Singl	le Other	
Id/ Passport Number (Attach Copy	/) PIN NO	D:
Telephone Number	Р.О. В	Box
Employment Details		
Salary	Pension	Others
Employer/Business Name		
Section in Employment	Terms of Employmen	ıt
Nature of Business	Business Location	
Employment/Check No	Station /Depot	
Permanent Address	Home County	
Nearest Primary School		
Current Address	County	
	application for Membership of RELI SA D and agree to conform to the BY-LAW	
Name	Signature	Date

AUTHORITY TO MAKE DEDUCTIONS FROM MY SALARY/PENSION

*NOMINEE INFORMATION

I......ID/No......Mobile No...... member of Reli Sacco Ltd C/NO......E/NO......hereby nominate the following nominee(s) to inherit my shares in the said society in accordance to By-law No.18 in the following manner less any money owed to the society.

Name	ID/Passport No.	Relationship	Date of Birth	Tel No	%

Applicants Signature...... Date......

Witnessed by:

1. Witness Name		ID NO
Mobile	Address	Signature
2. Witness Name		ID NO
Mobile	Address	Signature

FOR OFFICIAL USE ONLY

Details	Staff Name	Designation	Signature	Date
Member Recruited by :				
Member Details Verified by:				
Account Opened in the system by:				
Payroll deduction effected from by				

ADMISSION APPROVED BY BOARD OF DIRECTORS MEETING ON DATE.....

MIN/NO

BOARD SECRETARY SIGNATURE	DATE
SIGNED AND SEALED BY THE CEO	DATE