

# **LAIKA SACCO SOCIETY LTD.**

P.O. BOX 3900, 1002- THIKA

PHONE: +254795900483/0700335065

Email Address: laikasaccosociety@gmail.com

Website: laikasacco.com

PAYBILL NO. 239427

## **APPLICATION FOR MEMBERSHIP**

### **PERSONAL INFORMATION: (ATTACH A COPY OF ID CARD)**

Full Name: \_\_\_\_\_

ID/NO. \_\_\_\_\_ Mobile NO. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Address \_\_\_\_\_

Marital Status \_\_\_\_\_ Sex \_\_\_\_\_

Home/Permanent Address \_\_\_\_\_

County \_\_\_\_\_ Sub County \_\_\_\_\_

### **Section One: Employment Details (To be completed by an employed applicant)**

Employer \_\_\_\_\_ Employers Address \_\_\_\_\_

Position in employment \_\_\_\_\_ Work Station \_\_\_\_\_

Date of employment \_\_\_\_\_ Payroll Number \_\_\_\_\_

### **Section Two: Self Employed.**

Business Name \_\_\_\_\_ Business Address \_\_\_\_\_

Nature of Business \_\_\_\_\_ Approx. Monthly Income \_\_\_\_\_

Physical Business Location \_\_\_\_\_

Other Source of Income:

Specify \_\_\_\_\_

### **Contributions:**

Entrance Fees: Kshs.1,000= (One Thousand Shillings Only) payable once upon entry. Nonrefundable.

Share Capital: Kshs.8,000= (Eight Thousand Shillings Only) i.e. 400 shares of Kshs.20/=each.

Transferable to any **Laika Society** member upon exit but not refundable.**Current:** DMKL permanent & Seasonals, Minimum of Kshs.2000= deposits per month.

DMKL Contractors &amp; Casuals, minimum of Kshs. 1500= deposits per month.

Class B and other Institutions, minimum of Kshs.1000= deposits per month.

Proposed monthly contributions \_\_\_\_\_ Amount in words \_\_\_\_\_

Proposed mode of Remittances – Check Off/Standing Order/Cash/ Others Specify \_\_\_\_\_

Effective Date (dd/mm/yy) \_\_\_\_\_

Name	ID/NO	Relationship	Mobile NO.	Date of Birth	%

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Name \_\_\_\_\_ Signature \_\_\_\_\_

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#### REFEREE

***To be filled by the member introducing the applicant***

I \_\_\_\_\_ M/NO. \_\_\_\_\_

*Confirm that the applicant is well known to me.*

Referees Signature \_\_\_\_\_ Date \_\_\_\_\_

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#### FOR OFFICAL USE ONLY:

Membership Approved By \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Member No. \_\_\_\_\_ Date Registered \_\_\_\_\_

Data Captured by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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