



WEVARSITY SACCO SOCIETY LTD

P O BOX 873-50100 - KAKAMEGA

EDUCATION AND SCHOOL FEES FUND [ESF]

REGISTRATION FORM

NAME:.....P/F NO:.....

ID/PASSPORT NO:.....

DEPARTMENT:.....

TERMS OF SERVICE:.....

PART 2:

MONTHLY SUBSCRIPTION OF KSH(IN FIGURES):.....

IN WORDS:.....

W.E.F:.....

OTHERS:.....

The Authority remains in force until a written Letter/Document cancelling the same is registered in the SACCO Office.

A minimum balance of Ksh.500.00 shall always be retained in your account.

PART 3

BENEFICIARY

Mr/Mrs/Miss/Dr/Prof/.....is my Next of Kin in my absence, all process of my accumulated subscriptions be passed to the above said. I declare that the forgoing information is true to the best of my knowledge.

NAME:.....SIGNATURE:.....

DATE:.....

FOR OFFICIAL USE ONLY

APPROVING OFFICER.....DESIGNATION.....

The information given is complete and within the operations and the By-Laws that govern the scheme.

Accepted/Rejected:.....

Remarks:.....
.....

Signature:.....Date:.....

