



WE VARSITY SACCO SOCIETY
P O BOX 873-50100
KAKAMEGA

CHRISTMAS PACKAGE

REGISTRATION FORM

PART 1

NAME.....PF.NO.....
ID/PASSPORT NO:.....M/NO.....
DEPARTMENT:..... CONTACT (TEL. EXTN).....
TERMS OF SERVICE.....

PART 2

MONTHLY SUBSCRIPTION KSHS (IN FIGURES).....
(IN WORDS).....
W.E.F.....
OTHERS.....

The authority remains in force until a Written Letter/Document canceling the same is registered in the SACCO Office.

A minimum Balance of Ksh.500 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 id 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:.....