



**EXAMS SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD**  
**P.O BOX 73598 – 00200**  
**NAIROBI**

**APPLICATION FOR MEMBERSHIP**  
**(CONFIDENTIAL)**

I HEREBY MAKE APPLICATION FOR MEMBERSHIP TO THE SOCIETY AND AGREE TO ABIDE BY THE BY-LAWS AND/OR AMENDMENTS THEREOF IN THE EXAMS COOPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED.

**SECTION A**

MY PARTICULARS ARE: -

1. NAME.....
2. ID NO. .... (Block letters) DATE OF BIRTH .....
3. NAME OF EMPLOYER.....
4. OCCUPATION.....PERSONAL NO.....
5. CURRENT ADDRESS.....
6. HOME ADDRESS (NEAREST SCHOOL/MARKET).....  
.....
- POSTAL ADDRESS.....
7. FATHER’S/HUSBAND’S/WIFES’S/WIVES’ NAME (S).....  
.....
8. MY NOMINEE (NEXT OF KIN).....  
HIS/HER RELATIONSHIP .....
9. APPLICANT’S SIGNATURE.....DATE.....
10. SIGNATURE WITNESSED BY.....  
SIGNATURE..... DATE.....

**Please provide us with a copy of your national ID and that of the next of kin.**  
**Any changes to the above information should be communicated to the Secretary Exams Sacco Ltd as soon as possible.**

**SECTION B**  
*(FOR OFFICIAL USE ONLY)*

1. KSHS. 1,000 ENTRANCE FEE ON..... RECEIPT NO.....
  
2. VOLUNTARY ASSIGNMENT SIGNED ON.....
  
3. DATE OF ADMISSION TO MEMBERSHIP.....
  
4. APPROVED BY MANAGEMENT VIDE MINUTE NO.....
  
5. ALLOCATION MEMBERSHIP NUMBER.....

SIGNATURE

CHAIRMAN.....SECRETARY.....