nafasi
MULTI-PURPOSE COOPERATIVE SOCIETY LIMITED
...investing for generations...

# SOCIETY MEMBERSHIP APPLICATION FORM

**Membership Number……..……..**

*Attach a recent Passport photograph*

I hereby make application for membership In Nafasi Multi-Purpose Cooperative Society LTD

1. Name in full: (capital letters) Surname……Other(s)……

2. Occupation…… Date of Birth……

3. Postal Address (Personal)……NIN……

4. Residential (physical) Address ……..…… Marital Status: ……

5. Bank Account Number: ……Bank Name: ……..

6. Bank Account Name ……..

7. Telephone: (home)…….. (Work)…… (Mobile)……

8. E-mail address…… Fax Number ……

9. Name of Employer / Business……..

10. Address of Employer /Business……

11. Location of Employer /Business……..

12. I agree to make a minimum initial deposit of Shs. 50,000/=.

13. If my application is accepted, I agree to pay the Membership fee of Shs. 60,000/= and share capital of…….. (Each share is Shs 50,000/=)

14. I agree to abide by the Bye-Laws of NAFASI Multi-Purpose Cooperative Society Ltd.

15. My 2 referees are:

Date……..Signature of Applicant……..

**MULTI-PURPOSE COOPERATIVE SOCIETY LTD MEMBER**

Name…….. Name……..

Signature…….. Signature……..

**FOR OFFICIAL USE ONLY**

THIS APPLICATION HAS BEEN APPROVED /REJECTED BY THE COMMITTEE

Date…… Signed……

**CHAIRPERSON/SECRETARY NAFASI MULTI-PURPOSE COOPERATIVE SOCIETY LTD**

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# NOMINATION OF BENEFICIARY FORM

**MEMBER'S INFORMATION**

**FULL NAMES**…….

**PHYSICAL ADDRESS**……..

**POSTAL ADDRESS**……..

**TELEPHONE: HOME**……..**WORK**……..**MOBILE**……

**E-MAIL ADDRESS**……

**DATE OF BIRTH**……

**REGISTRATION NO**……..

I, ……a member of **NAFASI MULTIPURPOSE COOPERATIVE SOCIETY LIMITED** do hereby designate the person(s) named below to receive all my dues from **NAFASI MULTI-PURPOSE COOPERATIVE SOCIETY LIMITED** in the event of my death. I understand that this will remain in force until changed or revoked by me in writing.

**BENEFICIARIES INFORMATION**

| FULL NAME (S) | ADDRESS | RELATIONSHIP TO MEMBER | PERCENTAGE | CONTACT |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | **100%** | |

In the event that any one of the above named beneficiaries dies, their share will be divided equally amongst the survivors. I undertake that no claim shall be made by my/our estate or personal representative in respect of any payment made to a beneficiary under this nomination

**NEXT OF KIN**

In the event that at the time of any payment you are unable to contact the beneficiary, you should make enquiries of the following person for the purposes of locating the beneficiary:

NAME……...ADDRESS……

Contact ……

.

**DATE**…… **SIGNATURE OF MEMBER**……

**Accepted by NAFASI MULTI-PURPOSE COOPERATIVE SOCIETY LIMITED**

**DATE……SIGNATURE……..**