

NJURI SACCO SOCIETY LTD
P.O BOX 407
ATHI RIVER

REGISTRATION OF MEMBERS

NAME IN FULL: -----
ID/No.-----
CONTACT ADDRESS:-----

TELEPHONE: 1. Land Line:-----
 2. Mobile:-----
FAX:-----
e-mail:-----
ORGANIZATION:-----
POSITION/OCCUPATION:-----
NEXT OF KIN:-----

I hereby state that:

1. The information given above is true to the best of my knowledge.
2. I will abide with the rules and regulations of Njuri Sacco Ltd
3. I will not diverge confidential information to unauthorized persons, and
4. I will perform my duties and obligation to the Society.

SIGNATURE:-----DATE:-----

RECOMMENDED BY:-----

SIGNED:-----DATE:-----

CHAIRMAN:

APPROVED/NOT APPROVED-----