



## APPLICATION FOR MEMBERSHIP

### A. PARTICULARS OF APPLICANT

Full names: Mr./Mrs./Miss \_\_\_\_\_

National Identity Card number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Application \_\_\_\_\_

Address \_\_\_\_\_ email address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Society Membership Number \_\_\_\_\_

To the best of my knowledge, I Mr./Mrs./Miss \_\_\_\_\_ do hereby confirm that the information given above is correct and I undertake to abide by all rules and regulations of Wanandegge Housing Society Limited.

RECOMMENDED BY:

NAME:..... S/N.....

APPROVED BY MANAGEMENT COMMITTEE MINUTE NO.....

OF DATE.....

TO: The FOSA MANAGER,  
Wanandegge Savings & Credit Society Ltd,  
P.O. Box 19074-00501,  
NAIROBI.

DATE.....

Kindly debit my FOSA A/C No. .... With Kshs..... Every .....day of every month to be credited towards my Wanandegge Housing shares account. With effect from Date..... Month.....year.....until further notice. The Society's instructions shall be taken as if given under my hand.

These instructions shall remain in force unless altered by me in concurrence with the said society.

Given under my hand this ..... day of Month ..... year.....

.....

.....

.....

NAME

I/D No.

Signature

Cc. Chairman,  
Wanandegge Housing Co-operative Society Ltd,  
P.O. BOX 19074-00501,  
NAIROBI.

## NOMINATION FORM

TO:           The Chairman,  
              Wanandegge Housing Co-operative Society Ltd,  
              P.O. Box 19074-00501,  
              NAIROBI

I .....M/NO..... I/D No..... of Post Office Box .....  
..... member of **Wanandegge Housing Co-operative Society Ltd**; hereby nominate the following:

Name of nominee(s)	Relationship	% Of share/interest
1.		
2.		
3.		
4.		
5.		
6.		

Given under my hand this .....day of month ..... year.....

Signature.....

### Witnessed by:

1 ..... S/N..... I/D No..... Date.....

Address..... Signature .....

2 ..... S/N..... I/D No..... Date.....

Address..... Signature .....