

APPLICATION FOR PEPEA ACCOUNT.

PART "A"

NAME OF APPLICANT			
STAFF NO	ID NO	DATE	
MEMBER NUMBER	TEL. NO		
P.O BOX	EMAIL ADRES	SS	
MINIMUM CONTRIBUTION		(MONTHLY)	
MODE OF PAYMENT	CASH/CHEQUE/	CHECK OFF (TICK AS APPROPRIATE)	
OTHER INSTRUCTIONS			
1) FOSA ACCOUNT			
2) BANK STANDING ORDER			
NAME OF BANKBRANCH			
ACCOUNT			
DATE OF EFFECTIVE COMMEN	CEMENT		
SIGNATURE OF MEMBER.			

1. NAME	Relationship	Proportion		
2. NAME	Relationship	Proportion		
3. NAME	Relationship	Proportion		
4. NAME	Relationship	Proportion		
Home address P.O. BOX	CODE			
Witness	Sign			
Date				
PART "C" FOR OFFICIAL USE ONLY				
CHECKED BY: NAME OF				
OFFICER.				
SIGNATURE OF OFFICER				
APPROVED BY CHAIRMAN:				
APPROVED BY CHAIRMAN: SIGNATURE				

PART "B" (NOMINATION DETAILS)