



KAG CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LTD
P.O. BOX 67014
NAIROBI

APPLICATION FOR MINORS MEMBERSHIP (BY-LAW NO. 9)
(STRICTLY CONFIDENTIAL)

On behalf of my son/daughter, do hereby make an application for membership of your society and agree to abide by the by-laws and /or any amendments thereof, in the KAG Sacco Society Limited.

CHILDS PARTICULARS:

Name in full _____
 Age _____ Date of Birth _____ Sex _____
 Church _____ Section _____ District _____

PARENTS/GUARDIANS PARTICULARS

Name of the parent/ guardian _____
 Relationship _____
 Identity no: _____ Occupation _____
 Church _____ Section _____
 District _____

Current passport photo

Current Address _____

Mobile Tel. _____
 Home Address _____

Signature of parent/guardian _____ Date _____

Name of the Witness _____ Signature _____

On behalf of my son /daughter, I pledge to remit Kshs. _____ monthly

I attach a copy of his/her birth certificate.

***Witness must be a pastor.**

FOR OFFICIAL USE ONLY

Date of Admission _____ Allocated Membership No. _____

Entrance Fee Paid Kshs. _____ Receipt No. _____

Approved by Management Committee on _____

Chairman/Secretary's Signature _____