

Tramom Co-operative Savings & Credit Society Limited

P.O. Box 93008-80102 Mombasa Kenya Tel: 041 2002737/0700 422 388 Email: info@tramomsacco.com Website: www.tramomsacco.com

MEMBERSHIP APPLICATION FORM

Subject to the Co-Operative Society Act (Cap 490), the Co-Operative Societies rules and the By-laws of the Society, I hereby tender my application for Membership of the Society and give herewith the following details: -

(a) (1) PERSONAL DETA	AILS			
Full Name:				
Date of Birth		ID/PP No.		
Tel No		Email:		
Marital Status: Single	Married	Other	r (Ticl	k appropriately)
If married, Spouse Name			Tel.:	······
Residential Address (Physic	cal)			
(a) (2) BUSINESS DETAI	<u>LS</u>			
Business Name:				
Industry		Location		
Ownership: Sole Proprieto	r Partne	rship	Company	
Postal Address:		Code:		
Are you a Member of anoth	er SACCO? If yes wi	hich one		
Specimen Signature	- 5			
b) <u>NEXT OF KIN DETA</u>	<u>ILS</u>			
Full Name:				
Relationship		ID/PP NO		
Tel No		Email:		
c) <u>BENEFICIARY</u>				
ame	ID No	٠.	Relationship	Percentage (%)

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Tramom Co-operative Savings & Credit Society Limited

Dynamic Building, Opposite Changamwe Social Hall, Next to Methodist Church- Changamwe Old Mombasa- Nairobi Road P.O. Box 93008-80102 Mombasa Kenya Tel: 041 2002737/0700 422 388 Email: info@tramomsacco.com Website: www.tramomsacco.com

Date:
The manager,
TRAMOM SACCO LTD.,
P.O. BOX 93008-80102,
MOMBASA, KENYA.
Dear Sir/Madam,
RE: COMMITMENT ON MONTHLY REMITTANCES
I Mr/Mrs/MissMember NoMember No
do hereby commit to be remitting the sum of Kshs(Amount in words)
every calendar month in favour of TRAMOM CO-OPERATIVE SAVINGS & CREDIT
SOCIETY LIMITED as monthly savings.
The society will be advancing me short/long-term loans and whenever such will be the case,
I will adjust my monthly remittances to accommodate the loan repayment instalments along
with any interest thereof in line with the policies of the Society.
Yours faithfully,
CICNED
SIGNED
CC: THE HON. SECRETARY,
TRAMOM C.S & CS LIMITED