



THE CO-OPERATIVE SOCIETIES ACT

NOMINATION FORM

To: The Chairman

Taasisi Co-operative Society Ltd

P.O Box.....

Name.....ID No.....of Post office
Box.....member of Taasisi Co-operative Society Ltd; being
member No..... hereby nominate the following nominee(s) to
inherit my shares or interest in the said Society in the following manner:

<i>NO</i>	<i>Name of nominee(s)</i>	<i>Relationship</i>	<i>% of Shares/Interest</i>
1.			
2.			
3.			
4.			
5.			
6.			

Witnessed by:

.....ID No.....

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

Address.....ID No.....

Under my hand this.....day of.....20.....

Signature.....



TAASISI CO-OPERATIVE SAVINGS AND CREDIT SOCIETY

APPLICATION FOR MEMBERSHIP

I hereby make application for membership and agree to conform to the By-laws or any Amendments thereof.

NAME.....

DATE OF BIRTH.....

STATION.....

PERSONAL NO.....

PRESENT ADDRESS.....

EMAIL ADDRESS.....MOBILE NO.....

DATE.....SIGNATURE.....

FOR OFFICIAL USE ONLY

DATE OF ADMISSION.....

DATE OF CEASATION.....

APPROVED BY MANAGEMENT MINUTE NO.....

MEMBERSHIP NO.....

SECRETARY

(return the completed form to Taasisi Sacco offices.P.O Box 24592-00100 Nairobi)