



## KAWI HOUSING CO-OPERATIVE SOCIETY LIMITED

Nyayo House, P.O. Box 10585-00100  
Nairobi, Kenya

Telephone: 2216970 Or 310112 Ext 211

Mobile: 0725-321 518

Email: kawihousing@gmail.com

Affix current  
colour passport  
photo

### MEMBERSHIP APPLICATION FORM

#### 1 SECTION A: PERSONAL DETAILS

1.1 Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_  
(As per ID/Passport copy of which is to be attached)

1.2 Gender:  Male  Female

1.3 ID/Passport No: \_\_\_\_\_ Energy Sacco Membership No: \_\_\_\_\_  
P/No. \_\_\_\_\_

1.4 Residence: \_\_\_\_\_

1.5 Email Address: \_\_\_\_\_

1.6 Mobile No.: \_\_\_\_\_ Home/Office Telephone: \_\_\_\_\_

1.7 Current Address: \_\_\_\_\_ Code: \_\_\_\_\_

1.8 Home Address: \_\_\_\_\_ Code: \_\_\_\_\_

1.9 County \_\_\_\_\_ Disrict \_\_\_\_\_ Location: \_\_\_\_\_

1.10 Sub-Location: \_\_\_\_\_ Village/Estate: \_\_\_\_\_

#### 2 SECTION B: GENERAL INFORMATION

2.1 Next of KIN: \_\_\_\_\_ Relationship: \_\_\_\_\_

2.2 ID/Passport No: \_\_\_\_\_ Guardian (if minor): \_\_\_\_\_

2.3 Address of Next of Kin: \_\_\_\_\_

2.4 Mobile No.: \_\_\_\_\_ Home/Office Telephone: \_\_\_\_\_

#### 3 SECTION C: EMPLOYMENT DETAILS

3.1 Profession: \_\_\_\_\_

3.2 Current Engagement: \_ Employed \_ Self-Employed \_ Both

3.3 Name of Employer/ Business \_\_\_\_\_

3.4 Nature of Business: \_\_\_\_\_

3.5 Physical Location: \_\_\_\_\_

3.6 Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_

3.7 Employer's/ Business Telephone : \_\_\_\_\_

#### **4 SECTION D: DECLARATION**

I, \_\_\_\_\_, do hereby declare that the information given above is true and accurate to the best of my knowledge and information and that I have read and understood the terms and conditions of membership to Kawi Housing Co-operative Society Limited and that I accept to be bound by the same.

***This form should be returned to the Kawi Housing Co-operative Society Office with the following attachments:***

- \* A copy of Id/Passport,
  - \* Copy PIN Certificate,
  - \* A Recent Coloured Passport Photograph
  - \* Duly completed Nomination Form for each Beneficiary
- A copy of the ID or Birth Certificate of each Beneficiary  
Reg fee of Kshs 2,000/= which is non refundable.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **5 SECTION E: FOR OFFICIAL USE ONLY**

5.1 Application Accepted/ Not Accepted (*Cross what does not apply*) \_\_\_\_\_

5.2 Application accepted as evidenced by Members No. assigned \_\_\_\_\_

5.3 By Order of the Committee of Kawi Sacco on this \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_