



**MACHAKOS UNIVERSITY SAVINGS & CREDIT
CO-OPERATIVE SOCIETY LTD**
P.O BOX 136-90100 MACHAKOS email mksusacco@mksu.ac.ke

Membership application form

1. Personal particulars

Surname.....Other Names.....

Date of birth..... ID.NO.....PF, NO.....

Institution.....Department.....

TERMS OF EMPLOYMENT (permanent/contract/temporary/casual) P.O BOX.....

Email address.....Physical address.....

Office Tel.NO.....Mobile No.....

Introduced byM/NO.....

Beneficiary in the event of death

Name; _____ ID, No _____

Address _____ Relationship _____

The finance officer/Human resource officer _____

(For casual employees and employees from other institutions)

2. Authority to make deductions from my salary

I _____ hereby authorize my employer to deduct
kshs _____ from my salary or any other financial benefit due to me and pay Machakos
University saving and credit co-operative society limited with effect from the month of
_____ being my savings with the society until further notice in writing, signed by
me

Sign _____ Date _____

RISK MANAGEMENT NOMINEES

I hereby declare that I have nominated the following person(s) under the risk management
Fund. This nomination cancels and super cedes any previous nomination(s) within the society.

	Name	Address	ID No.	Relationship
1				
2				
3				
4				
5				
6				
7				

Name _____ ID NO. _____ Sign _____

Witnesses

1. _____ ID No. _____ M/No _____ Sign _____

2 _____ ID No _____ M/N0 _____ Sign _____