

Application For Membership: SMEAZ Savings & Credit Cooperative Society

Details of Applicant (Business that is a member of the SMEAZ, if applicable, otherwise personal details)				
Name of Applicant				SMEAZ Membership Number
Physical Address				
Details of natural person (trustee) to represent business indicated above ("The Member") [for multiple representatives coming from the same company, complete separate application forms for each representative].				
Surname			First Name	
Middle Name			Sex	Title(Miss/Mrs/Ms/Mr/Dr)
Nationality			Identity Number	
Marital Status	Married		Single	Widowed
				Separated/Divorced
Phone Numbers				
Email Address				
Residential Address				
Beneficiary / Next of Kin (If Member is a trustee for a business, the business' details to be put in this section)				
Full Name				
Relationship				
Address				
Phone numbers				
Source of Contributions To The Society (Joining Fees, Share Purchases and Savings)				
Name of Source				
Nature of Business			Period in Business	3 Years
Details of beneficiaries in the event that savings require to be distributed (if other than Beneficiary named above)				
Name	Registration/ID Number	Phone	Physical Address	% Share

Terms and Conditions

- Should any information prove to be inaccurate, the Management Committee reserves the right to decline this application or revoke my membership to the scheme in the event of this occurring when I am already a member of the scheme.
- I agree to abide by the Cooperative Societies Act Chapter 24:05 and the SMEAZ SACCOS' by-laws and internal regulations.

Signed _____, Name _____

Date _____