



# SHEKINAH SACCO SOCIETY LIMITED

P.O BOX 52637 -00200 Nairobi - Kenya, Cell: 0741088074/0775-584288 Email:

[shekinahsacco@gmail.com](mailto:shekinahsacco@gmail.com) [info@shekinahsacco.com](mailto:info@shekinahsacco.com)

## BENEFICIARIES APPLICATION FORM

MEMBER NAME:	
PLACE OF WORK/ BUSINESS ADDRESS:	
MEMBER NO.:	
POSTAL ADDRESS:	
PLACE OF BIRTH:	
DATE OF BIRTH:	

I HEREBY MAKE AN APPLICATION FOR MEMBERSHIP BENEFICIARIES AND AGREE TO CONFORM BY THE BY- LAWS OR ANY AMMENDMENT THEREOF OF SHEKINAH SACCO SOCIETY LIMITED.

ON THIS DAY OF ...../...../.....IN PURSUANT TO THE BY-LAWS OF THIS SOCIETY, I HEREBY NOMINATE THE FOLLOWING BENEFICIARIES:

	NAME	DATE OF BIRTH	RELATION	PHONE NO.	% ALLOCATION

MEMBER'S SIGNATURE.....DATE.....

WITNESS NAME \_\_\_\_\_SIGNATURE.....

\_\_\_\_\_