

**CHAI SACCO SOCIETY LIMITED**

Head Office: Chai House, Ground floor, Koinange Street

P.O Box 278-00200, City Square Nairobi Kenya

Tel: 020 2214406/ 020 2214410/0701314410

Customer Care: 0709 808100/ 0709 808101

Email: info@chai-sacco.co.keWebsite: www.chai-sacco.co.ke

SHARE CAPITAL APPLICATION FORM

PERSONAL DETAILS

FULL NAME			BRANCH:
PAYROLL NUMBER		MEMBER NUMBER:	
STATION'S NAME		DEPARTMENT	
ID NO.		MOBILE NO.	EMAIL:

No. of Shares (one share = Kshs. 20)

No. of Shares	<input type="text"/>	Amount Kshs.	<input type="text"/>	No. of Instalments	<input type="text"/>
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Mode of payment (tick as appropriate)

Cash deduction	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Div./Reb.	<input type="checkbox"/>	Standing order	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	<input type="checkbox"/>
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Deduction authority.

I _____ of ID No. _____ hereby

authorize you to deduct Kshs _____ from my salary/FOSA account and pay

Chai Sacco with effect from _____ until cancelled by myself.

Signature _____ Date _____

OFFICIAL USE ONLY**Effected by:** _____ Sign _____ Date _____**Approved by:** _____ Sign _____ Date _____