



CHAI SAVINGS AND CREDIT COOPERATIVE SOCIETY LTD
Head Office: Chai House, Ground Floor, Koinange Street.
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CSSL/BRO/F/021

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