DAYSTAR MULTI-PURPOSE CO-OPERATIVE SOCIETY LTD

HOLIDAY SAVINGS ACCOUNT

COMPLETE THIS FORM IN BLOCK LETTERS.

FULL NAME_____

DATE OF BIRTH _____OFFICIAL DESIGNATION _____

PAYROLL NO._____ TERMS OF SERVICE _____

ID/PPT NO._____ DEPARTMENT_____EXT NO._____

EMAIL:_____MOB NO_____

Signature of Applicant_____Date_____

AUTHORITY TO DEDUCT FROM MY SALARY

I hereby authorize the following amount of ksh _____per month to be deducted from my salary and remitted without fail to Daystar Multi-purpose Sacco every month from (month) _____**20**_____

TICK APPROPRIATELY SAVING PERIOD.

a) 3 months b. 6 months c. 9 months d. 12 months

NOMINATED NEXT OF KIN

I undersigned, in the event of my death, whilst a member of the Society, hereby instruct the Society to pay all amounts due to me, less any debt to the Society, to the person named in this section. The name of nominee can be given in a sealed letter. I understand that I may alter the Nominated Next of Kin by a subsequent Nominated Next of Kin Form.

NOMINATED NEXT OF KIN (FULL NAME)_____

RELATIONSHIP TO THE APPLICANT_____I.D. NO. _____

ADDRESS OF NEXT OF KIN_____POSTAL CODE_____

MOBILE NUMBER_____

DATE OF BIRTH_____

FOR THE SOCIETY USE ONLY

DATE OF ADMISSION TO MEMBERSHIP…… FIRST DEDUCTION DUE…..……

MEMBERSHIP REGISTER No……AS RECOMMENDED BY MANAGEMENT COMMITTEE

DATE OF WITHDRAWAL NOTICE……DATE OF REFUND……..

CHAIRMAN'S SIGNATURE…….…… MINUTE NO……..……..

NB:

1. **Renewal of savings period acceptable.**
2. **Interest on savings at 5% p.a.**
3. **Withdrawals before maturity, interest is lost**