ASSOCIATION OF INSURANCE BROKERS OF KENYA SACCO

College of Insurance. Off Mombasa Road. Next to Kenya Red Cross
P.O.Box 56928 00200. Nairobi. Tel: 2502471, 6006219, 6000541 Fax: 6006220

APPLICATION FOR MEMBERSHIP (BY – LAWS NO. 8)

IHEREBY MAKE APPLICATION FOR MEMBERSHIP TO YOUR SOCIETY AND AGREE TO ABIDE BY THE BY – LAWS AND OR FOR ANY AMMENDMENTS THEREOF IN THE AIBK SACCO LTD.

MY PARTICULARS ARE :-

NAME ……. ID NO. ……
(BLOCK LETTERS)

EMPLOYER & ADDRESS _____

_____

OCCUPATION_____ DATE OF BIRTH _____

HOME ADDRESS _____

NEXT OF KIN/ NOMINEE (MRITHI) _____

HIS/HER ADDRESS _____

HIS/HER RELATIONSHIP _____

APPLICANT'S SIGNATURE _____ WITNESSED BY _____

WITNESS SIGNATURE _____ DATE _____

APPLICANT RECRUITED BY _____

(FOR OFFICIAL USE ONLY)

1.ENTRANCE FEE KSHS _____ RECEIPTS NO _____ DATE _____

2. ALLOCATED MEMBERSHIP NO. _____

3. SIGNATURE _____ DATE _____

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NAME ……
COMPANY ……
P.O. BOX ……...
CITY ……..

Dear Sirs,

DEDUCTION

Please deduct from my salary a sum of Kshs _____in the month of _____ and every month thereafter until a written document is received stopping and / or increasing the same.

The above amount should be paid to **AIBK SACCO LTD**. On or before the 5th day of every month to the credit of my shares.

MEMBER'S SIGNATURE _____

AGREE (COMPANY'S OFFICIAL STAMP) _____

AUTHORISED SIGNATURE _____

CC AIBK SAVINGS AND CREDIT SOCIETY LIMITED.
P.O.BOX 56928 00200 NAIROBI