



**AIRPORTS SACCO & CREDIT CO-OPERATIVE SOCIETY LTD
(AIRPORTS SACCO LIMITED)**

KENYA AIRPORTS AUTHORITY HQS
KAA FIRE TRAINING SCHOOL
P.O BOX 19001-00501,
NAIROBI - KENYA
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DIASPORA SACCO INITIATIVE (DSI)

Form M 3

APPLICATION FOR MEMBERSHIP

(Complete This Form in Block Letters and attach copies of id or passport).

**THE CHAIRMAN,
P. O. BOX 19001,
NAIROBI.**

COUNTRY OF RESIDENCE

I hereby make an application for membership and agree to conform to the Society's BY-LAWS and any amendment thereof. I therefore wish to be remitting to the Society through its Bank Account a monthly Remittance of Kshs or its equivalent in:

State Currency

Each month as shares and deposits with effect from:

Date

1) Member details

Title (tick where appropriate)

Mr Mrs Miss Dr Prof Rev
Other

Surname

Other Names

Employment status

Employed Self Employed Student
Other

Date of Birth

Country of Origin

**Country of
Residence**

State

City

Postal Address

Email Address

Phone Number (include code)

ID or Passport Number

2. Bank Details

Name of the Bank

Branch

Code

Zip

Bank Address

3. Nominated Next of Kin

I, the undersigned in the events of my death whilst a member to the Society, hereby instruct the Society to pay all amounts due to me, less any debts to the Society, to the person named in this Section (The name of nominee can be given in sealed letter).

I understand that I may alter the name of the nominated next of kin by filling in a subsequent nominated next of kin form.

Nominated Next of Kin full Names

Relation to the Applicant

Phone Number

ID Number

Address of Next of Kin

Name of witness

Signature of the Witness

Signature of the Applicant

4. For Society's use only

DATE OF ADMISSION TO MEMBERSHIP

SOCIETY'S COUNTRY CODE

FIRST REMITTANCE DUE

DIASPORA MEMBERSHIP NO

CHAIRMAN'S SIGNATURE

DATE

5. Society's bank detail

NAME: AIRPORTS SACCO LTD

BANK: CO-OPERATIVE BANK

A/C NUMBER:

BRANCH: EMBAKASI

BRANCH CODE:0069