



DIMKES INVESTMENT CO-OPERATIVE SOCIETY LTD

ACK DIOCESE OF MT. KENYA SOUTH BISHOP MAGUA HOUSE

P.O. BOX 886 -00900, Kiambu

EMAIL: investment@dimkessacco.co.ke

www.dimkessacco.co.ke. TEL: 006-20-22521/22997, Mobile: 0710 880 475

CORPORATE / GROUP / JOINT APPLICATION FORM

A. CORPORATE/GROUP DETAILS

Name of the corporate/Group(as per registration certificate)

Date of registration No. of members

Address

B. REGISTRATION

Certificate No..... PIN No.

We hereby make an application for membership and agree to conform to by-laws and any amendments(s) thereof of DIMKES INVESTMENT CO-OPERATIVES SOCIETY LTD.

1st Signatory

Name:

Designation

ID No.

Mobile No.....

Signature

2nd Signatory

Name:

Designation

ID No.

Mobile No.....

Signature

3rd Signatory

Name:

Designation

ID No.

Mobile No.....

Signature

4th Signatory

Name:

Designation

ID No.

Mobile No.....

Signature

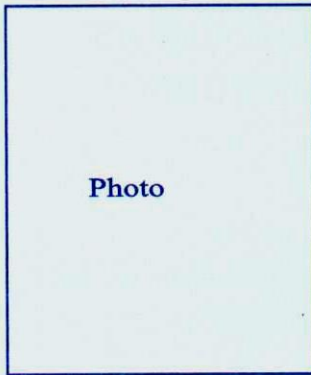
C. OTHER INSTRUCTIONS

Specify how many to sign

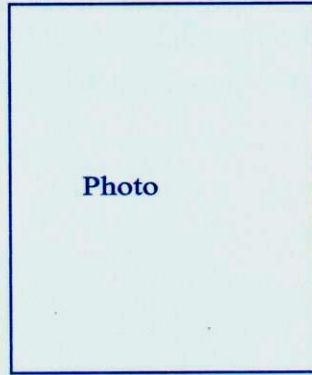
Main contact person Tel:

Alt. Mobile No.....

D. CONSENT OF APPLICANT



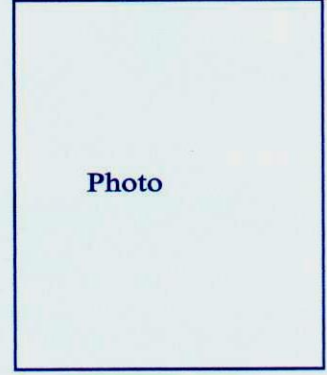
1st Signatory



2nd Signatory



3rd Signatory



4th Signatory

NOTE: That the details given above will only be changed upon receipt of a written instructions by the group/corporation

E. TERMS AND CONDITIONS

1. APPLICATION FOR MEMBERSHIP:

Every applicant shall complete the membership form.
Attach a copy of ID, PIN certificate and Passport photo

2. ADMISSION INTO MEMBERSHIP:

Registration fee of Kshs 2000 (non-refundable) and minimum of kshs 5000 as share capital.

3. REFUSAL OF ADMISSION:

The management committee may refuse admission to a person after assigning reasons for their decision. Such a person shall have the right to appeal to the annual general meeting and further as provided in the co-operative society act.

4. NOMINEES

Every member shall nominate in writing at least one or two persons to whom upon his/her death his/hers shares, money, deposit or any interest and divided shall be transferred or paid.

5. PAYMENT TO NOMINEE

In the event of the death of a member, the society after satisfying itself and after obtaining such documentary proof of the death of a member as it may consider necessary, shall transfer to nominee(s) the value of the deceased member's share, deposit, interest and dividends after deducting such sum as may be due by the member to the society as soon as possible. If for any reason on the death of a member a nominee does not exist, the society may pay money due to the deceased member.

6. INTERESTED PERSON(S)

Borrowing from DIMKES SACCO/FOSA LTD, Terms and conditions will apply.

7. CESSATION OF MEMBERSHIP

Membership in the society ceases if any of the following occur:-

- death
- Voluntary withdrawal
- Expulsion
- Bring certified insane
- Transferring of shares to another member

8. SHARES

Shares of the society held in investment shall not be withdrawn. It can only be transferred to another member or any other person.

9. TRANSFER OF SHARES

Transfer must be in writing and at a nominals value.

G. DECLARATION (All signatories to sign)

We hereby make an application for membership and agree to conform to the society's by-laws and amendment) thereof and pay Kshs 2000 registration fee and Kshs 5000 share capital.

- 1. Signature..... Date
- 2. Signature..... Date
- 3. Signature..... Date
- 4. Signature..... Date

H. WITNESS (Sacco official)

Name

Signature

I. How did you know about us:

Newspaper Social Media Sales Rep Another Member Others, Specify:.....

J. FOR OFFICIAL USE ONLY (Tick appropriately)

Check List:

Group	<input type="checkbox"/>	Company	<input type="checkbox"/>	Business Name	<input type="checkbox"/>
Registration certificate	<input type="checkbox"/>	Certificate of Incorporation	<input type="checkbox"/>	Registration Certificate	<input type="checkbox"/>
ID of Signatories	<input type="checkbox"/>	PIN Certificate	<input type="checkbox"/>	Owners/Business PIN	<input type="checkbox"/>
Constitution	<input type="checkbox"/>	IDs of Signatories	<input type="checkbox"/>	ID of Signatory	<input type="checkbox"/>
Minutes	<input type="checkbox"/>	MOA	<input type="checkbox"/>	Passport Photo	<input type="checkbox"/>
A/C Opening authority from Ministry	<input type="checkbox"/>	AOA	<input type="checkbox"/>		
Passport Photos	<input type="checkbox"/>	Passport Photos	<input type="checkbox"/>		

Date of Membership: DICOS Membership No.....

DIMKES A/C No. (if a member)

Verified by:..... Signature

Authorised by: Signature

K. GROUP MEMBERSHIP LIST

(In case your members exceed the space provided, attach an additional list)

NO.	NAME	TEL:	ID NUMBER	SIGNATURES
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
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11.				
12.				
13.				
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18.				
19.				
20.				
21.				
22.				
23.				
24.				

NB: This list has to be certified by all signatories.

Name:	Position:	Signature:	Date:
1.
2.
3.
4.