



WARENG TEACHERS SACCO SOCIETY LTD.
P.O BOX 3466, TEL: 053-2062423, FAX: 053-2060208
ELDORET

Date.....

APPLICATION FOR MICRO-FINANCE MEMBERSHIP

I hereby make application for membership into micro-finance scheme and agree to abide by the society's by-laws, micro-finance policies or any amendments thereof.

NAME.....

ID No

MARITAL STATUS- Single Married Others

Date of Birth

(Tick where appropriate)

TYPE OF BUSINESS

BUSINESS LOCATION **NO OF YEARS IN BUSINESS**

ADDRESS.....**Phone no**.....

Micro Finance Group (if any)

(Notify the secretary in case there is change of address)

Signature.....ID No.....

Date.....

N/B: MICRO FINANCE MEMBERSHIP FEE IS – Kshs 500 Only

OFFICIAL USES ONLY

Date of Admission _____

Approved by Accounts office.....

Pass Book No.....

Micro Finance Membership No.....

Receipt No.....

SECRETARY

Our Source of Wealth