



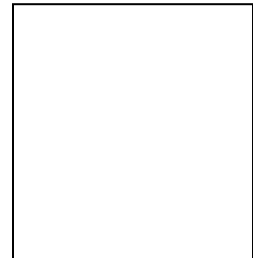
**APPLICATION FOR MEMBERSHIP TO  
AFYA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED  
P. O. BOX 11607, 00400. TEL: 223950/2239 61/ 223970. NAIROBI**

**“A” INSTRUCTIONS**

1. This form is to be completed in full.
2. Use block letters to complete this form.
3. This form is to be accompanied by **two passport size photographs** duly certified by the branch chairmen or personnel officer. One copy of the passport will **be returned to you** with your Afya Membership card.
4. Share contribution not less than Kshs. 400/=

**“B”**

1. Full Name.....
2. Nationality.....
3. Date of Birth..... Age.....
4. Bate of Employment.....
5. Personal Number.....(Attach copy of payslip)
6. (a) ID/Card No.....  
(Attach copy if Identity Card)
- (b) Passport No.....  
(This applies to foreigners only)



7. Have you been a member of this society before? If yes please quote previous Afya no.....Old P/No.....
8. Designation.....
9. Name and present Address of employer .....
10. Present Station and Address.....
11. Home Address.....  
Province.....  
Location.....  
Village.....  
Name Of Chief.....  
Sub Chief.....
12. Next Of Kin.....  
Relationship.....  
Permanent Address of Nominee(s).....

13. **AUTHORITY TO MAKE DEDUCTION FROM SALARY:** I hearby authorize you to deduct the amount stated below from my salary every month in respect to contributions: -
 

Membership fee.....	100.00
Share Contribution.....	
Afya Benevolent Fund.....	100.00
Total Kshs.....	

I certify that he information given here above is correct to the best of my knowledge

Signature of applicant.....  
Date of Signature.....

**“C” FOR BRANCH OFFICIALS**

I certify that this is an employee of ..... working in this section  
Signature.....Date.....

**“D” FOR OFFICIAL USE ONLY**

Date of registration.....  
Afya Co-operative Number.....  
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