



CHAI SACCO SOCIETY LIMITED

Head Office: KTDA Plaza 4th Floor, Moi Avenue

P.O Box 278-00200, City Square Nairobi Kenya

Tel: 020 2214406/ 020 2214410/0701314410

Customer Care: 0709 808100/ 0709 808101

Email: info@chai-sacco.co.ke

Website: www.chai-sacco.co.ke

SHARE CAPITAL APPLICATION FORM

PERSONAL DETAILS

FULL NAME		BRANCH:	
PAYROLL NUMBER		MEMBER NUMBER:	
STATION'S NAME		DEPARTMENT	
ID NO.		MOBILE NO.	EMAIL:

No. of Shares (one share = Kshs. 20)

No. of Shares Amount Kshs. No. of Installments

Mode of payment (tick as appropriate)

Cash Cheque Div/Reb. Standing order Payroll deduction

Deduction authority.

I _____ of ID No. _____ hereby authorize you to deduct Kshs _____ from my salary/FOSA account and pay Chai Sacco with effect from _____ until cancelled by myself.

Signature _____ Date _____

OFFICIAL USE ONLY

Effected by: _____ Sign _____ Date _____

Approved by: _____ Sign _____ Date _____