



MPANZI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED
P.o Box 100-90103 Wamunyu. Email: mpanzisacco@gmail.com

GROUP MEMBERSHIP APPLICATION FORM

We the undersigned do hereby apply to be considered for admission to membership of Mpanzi Sacco Limited as resolved in our meeting held on
.....at.....

That we register at Mpanzi SACCO Society Ltd in the Name of the Group called..... and until written notice to the contrary be received by the Sacco that all Cheques, acceptances and other orders for the payment of money or securities or other property be signed on behalf of the named group. That a copy of the meeting minutes and constitution , together with the names and specimen signatures of officers empowered to sign be forwarded to the Mpanzi Sacco Society Ltd by the Chairman, Secretary and Treasurer.

Mandate

Group Reg/ No..... Box No

Telephone no.....

Sub-County.....Ward Location.....

Name Sign..... Date
(Chairperson)

Name Sign..... Date
(Secretary)

Name Sign Date
(Treasurer)