

# Oxford SACCO Limited

PO Box 72532-00200, City Square, Nairobi | Telephone 020-2152259

## SHARE CAPITAL APPLICATION FORM

(MUST be completed in BLOCK LETTERS)

### APPLICANT DETAILS

|                  |  |                 |  |            |  |
|------------------|--|-----------------|--|------------|--|
| Surname          |  | Other Names     |  |            |  |
| Reference No.    |  | ID/Passport No. |  |            |  |
| Mobile No.       |  | KRA PIN No.     |  |            |  |
| Present Address  |  | Postal Code     |  | Town/City  |  |
| Physical Address |  |                 |  |            |  |
| Email Address    |  |                 |  | Occupation |  |

### SHARE CAPITAL DETAILS

**Note: Number of Shares (One Share = KES 20)**

Number of Shares  Amount **KES**  Number of Instalments

**Mode of Payment** (Tick where appropriate)

Payroll Deduction  Direct Debit  Transfer from Deposits  Other (please specify)

I hereby authorize the deduction of **KES** \_\_\_\_\_ with effect from \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ (initials not acceptable)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PAYROLL CLEARANCE FOR CHECKOFF MEMBERS ONLY

Does the net salary of the above applicant fall below one-third of gross pay?

YES  NO

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### OFFICIAL USE ONLY

- Treasurer:  
Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Hon. Secretary:  
Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Chairman:  
Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_