



BUNISTA SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD

P.O BOX 194-40601
BONDO

Your Ref: _____ Our Ref: _____ Date: _____

APPLICATION FORM FOR EDUCATION SAVINGS SCHEME MEMBERSHIP (ESS)

I hereby make application for the membership of Education Savings Scheme and agree to conform to the By-laws or any amendments thereof:

FULL NAME _____

ID NO _____

DATE OF BIRTH _____ / _____ / _____ AGE _____

DEPARTMENT _____

PRESENT ADDRESS _____ CODE _____ TOWN _____

MOBILE NO _____

DESIGNATION _____

TERMS OF EMPLOYMENT _____

P/F NO _____

HOME ADDRESS _____ CODE _____ TOWN _____

Have you ever been a member of this fund before? Yes / No

(Delete whichever is not applicable) if yes state

Christmas Package Scheme membership number _____

Signature of applicant _____ Date _____ / _____ / _____

FOR OFFICIAL USE

DATE OF ADMISSION _____

DATE OF CEASETION _____

APPROVED BY MANAGEMENT MINUTE NO. _____

CPS MEMBERSHIP NO. _____

All correspondences addressed to:

Management – Bunista Education Savings Scheme

P.O Box 194-40601

Bondo



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Your Ref: _____ Our Ref: _____ Date: _____

TO: JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE & TECHNOLOGY

**AUTHORITY TO MAKE DEDUCTIONS FROM EMPLOYEES SALARY TOWARDS
EDUCATION SAVINGS SCHEME (ESS)**

I _____ hereby authorize you to deduct
Kshs. _____ from my monthly salary and pay Bunista Education Savings Scheme with
effect from the month of _____ 20_____ until further notice.

Please deduct **Kshs. 1,000.00** entrance fee along with the monthly contribution

Yes _____

No. _____

P/F No. _____

Department _____

Address _____ Code _____ Town _____

Member's Signature _____ Date _____ / _____ / _____

This is to be used for deduction of shares from my salary.

NOTE

Please quote your bank as it appears on your pay slip and your account number.

Bank Name _____ Branch _____

Bank Account Number _____

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Management – Bunista Education Savings Scheme
P.O Box 194-40601
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