

APPLICATION FORM

**The Management Committee,
Cytonn Investment Co-operative Society Limited,
P.O Box 20695 – 00200,
NAIROBI.**

NB: This form must be submitted in its original copy, with copies of PIN and ID and initial payment before it can be processed

A. Full Names of Applicant

Mr Mrs M/s Other Prof Eng. Capt. Others

Surname: First Name: Middle Name:

Date of Birth: I.D Number: Postal Address:Code.....

Mobile/Tel: Email address:

KRA Pin Number: Applicant's Signature:

Employment Status: Employed Self Employed If employed, State Organisation:

Area of residence: Kenya Diaspora, If Self-employed, State business.....

If diaspora, specify: U.S.A England East Africa – Uganda Tanzania Rwanda

Other Countries State the name of the country:

Referee Details: (Must be a member of Cytonn Investment Cooperative Society Limited)

Surname: First Name: Middle Name:

Member Number: I.D Number: Signature:

(For new members, please contact us for referral)

B. Cytonn Investment Cooperative Society Limited Membership fee and Share purchase

I undertake to pay Kshs 1,000.00 as a one off non-refundable registration fee and another Kshs 3,000 as purchase of 150 shares of Ksh.20 each to Cytonn Investment Co-op Society Limited with effect from the month of/ 20..... (Introductory registration offer). The minimum **monthly purchase** of shares is 50 shares at Kshs 20 each, and or buy into a cooperative product (as per the product manual) at a minimum of Kshs 3,000 per month.

Kindly indicate the mode of payment to the Cooperative Society:

Direct Bank Deposit Mpesa Pay-bill Human Resource Remittance (Cytonn Staff)

Bank Account No.: 01120642914700 Bank: Cooperative Bank Branch: Moi Avenue Branch

Safaricom Paybill Number: 329035 A/c No. Your ID + Coop e.g. 12345678Coop

Payment options: Monthly Quarterly Semi-annually Annually Amount in Kshs/USD _____

C. Cytonn Investment Co-operative Society Limited - Product plans

Shares per month _____ (minimum of 50shares at kshs.1000)

Elimisha plan Hatua plan Plotika (Min Ksh. 10,000pm) Coop Premier (Min. Ksh. 10,000pm)

Investment duration in Years 1 2 3 4 5 5yrs and above (State Number of years _____)

Amount paid (monthly) _____ Payment Date: _____

CRISP (At entry Kshs. 100,000/- With a minimum monthly top up of Kshs. 10,000/-) Date: _____

D. Nominees

I, the undersigned, hereby instruct you that in the event of my incapacitation or demise while a member of the co-operative society, all my dues should be paid to the person(s) named herein as my nominated next of kin(s).

Nominated Next of Kin

No:	Name	ID NO.	DOB	Relationship	% Share	Signature of Member

FOR OFFICIAL USE ONLY (Honorary Secretary to Cytonn Investment Co-operative Society Limited)

Name:

Membership Number: Signature: Date:

*I have read and understood the terms and conditions of the Cytonn Investments Co-operative Society. www.cytonn.com/cooperative

Name: _____ Signature: _____ Date: _____