



ENEZA HOUSING CO-OPERATIVE SOCIETY LTD
P O BOX 453 KALIMONI, Tel: 0707738723/0720687415
WEBSITE: www.enezahousing.co.ke
EMAIL:enezahousing@gmail.com

MEMBERSHIP REGISTRATION FORM

(Attach a copy of National ID and a recent coloured Passport Size photo)

I....., ID No..... of P.O. BOX

In the republic of Kenya Voluntarily and willingly submit my request for membership into the housing co-operative society, having read and understood its motive, objectives, regulations, obligations and mandate, and thus give all the relevant information needed for lawful use by the society in its correct form and order to the best of my knowledge.

PERSONAL DETAILS:

NAMES ID NUMBER

ADDRESS TOWN.....

TELEPHONE NUMBER(s).....

HOME PHYSICAL LOCATION

MARITALSTATUSNAME OF SPOUSE

PROFESSION..... OCCUPATION.....

CHURCH CONGREGATION

EMAIL

DECLARATION:

I declare that the above information is accurate to the best of my knowledge and that I commit my self to be bound by the constitution of the society and follow the laid down regulations and that I will at all times act to the best interest of the society and not in any manner likely to bring it, its members or its project to disrepute. This I state trusting in God's guidance and direction.

Yours faithfully ID No.....

Signature.....Date

Witnessed by

Names ID No.....

Signature..... Date

ENEZA HOUSING CO-OPERATIVE SOCIETY LTD ACCOUNTS DETAILS

Co-operative Bank
Account No: 01100581148700

Equity bank
Account no: 1520262191929

For Official use only

Application form is complete (yes/No)

The information provided is accurate (yes/No)

The recommendation is credible (yes/No)

The applicant is acceptable (yes/No)

Is there need for further information (yes/No)

Is the application Approved (yes/No)

Checked by, SignatureDate.....

Approved by....., SignatureDate.....

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