**QUEENSWAY HOUSING CO-OPERATIVE SOCIETY LIMITED
P.O. Box 45816,00100 NAIROBI, KENYA**

**APPLICATION FOR MEMBERSHIP AND SUBSCRIPTION FOR SHARES**

I/We wish to apply for membership in Queensway Housing Co-operative Society Limited
and purchase of share capital of the society. I/We undertake to comply, observe and be
bound by the General Terms and Conditions in force from the time of application and
any changes that may be made to the terms thereafter by Queensway Housing Co-
operative Society Limited.

 Date of application: */ /20 .*

 Applicant's name: .

Nature of applicant (Tick appropriate box): Individual: Company:

 Nationality: .

Date of birth: *I I .*

 ID/Passport No: (If company indicate certificate No): .

 P.I.N. No: .

 Postal address: Postal code: .

 Country: Town: .

 Tel: ..........................................................................Mobile:

 Email:

 Entrance fee of Kshs 10,000 paid: Cash: Cheque: Cheque No: .

I/We undertake to purchase 2,500 initial shares at Kshs. 20.00 each and make
payments in the following modes:

Full payment Kshs: ...Cheque No: .

1st Installment (On application) Kshs……………................................ Cheque No: .

2nd Installment (Month one) Kshs Cheque No: .

3rd Installment (Month two) Kshs Cheque No: .

I/We undertake to purchase additional shares in batches of 500 shares at Kshs. 20.00
each.

500 shares 1,000 shares Other (State number) .

 Paid: Cash: …………………. Cheque: … ………………. Cheque No: .

**Declaration.**

l/We have read and understood the Terms and conditions of
Queensway Housing Co-operative Society Limited and confirm
that the information given herein is true to the best of my/our
knowledge.

 Signature: Date: *./. ./………… .*

 ***Introducer’s name(optional)***: ………………………..*.*

**Next of Kin.**

I, the undersigned, in the event of my death whilst a member of the society, hereby
instruct the society to transfer all shares due to me, less any costs of transfer to the
society, to the person named in this herein.

I understand that I may alter the name of the Nominated Next of Kin by only filing in a
subsequent Nomination Next of Kin Form.

I hereby promise to comply with the same as laid down in the Society's by-laws.

**Nominated next of kin.**

|  |  |
| --- | --- |
| Nominated next of Kin  |  |
| **(As per Identity Card/Passport)**  |  |
| Relationship to the Applicant  |  |
|  |
| Identity Card/Passport No.  |  |
| Kin's Mobile Phone Number(s):  |  |
| Kin's E-mail Address:  |  |

**Official use only.**

1. Names as per I.D/Passport checked:
2. Passport picture checked:
3. Copies of I.D and P.I.N given:
4. Cash/Cheque paid: