

KENYA-BOTSWANA DIASPORA SACCO LTD P.O BOX AEH 675, GABORONE, BOTSWANA MEMBER APPLICATION FORM

The Honorary Secretary,

I hereby make a membership application and agree to conform to the Society's Bylaws, terms and conditions and any amendments thereof.

Fields marked with (*) are mandatory fields.

| Email:* | |
|--|---|
| ID #:* | OR |
| Passport#* | |
| Passport Expiration | Date: * |
| Date of Birth:* (mn | n/dd/yyyy) |
| Kenya Address ar | ndotherAddress2 (optional) |
| Address in Kenya: | |
| Address2: | |
| City/Town: | |
| Email: | |
| Designated Nex | ct of Kin / Beneficiary |
| Sacco SocietyLtd, he Society, to theperson | in the event of my death, whilst a member of Kenya-Botswana Diaspora ereby instruct the Society to pay all amounts due to me, less debts to the n(s) named in this section. I understand that I may add or alter the name of of Kin by filling in a subsequently designated Next of Kin form. |
| Next of Kin 1 * | |
| Full Name:* | |
| Sex: | |
| Physical Address:* | |
| | |
| City/Town/Village* | |
| Postal address:* | |
| Primary Phone:* | Email: |
| ID #.* | OD |

| Passport #* |
|--------------------------------|
| Passport Expiration Date:* |
| Date of Birth:* (mm/dd/Yiyi) |
| Signature of Applicant Member* |
| Date:* |

Please attach the following with your application:

- 1. Passport size Photo
- 2. A copy of a valid Passport or ID (the one you wrote on your application)
- 3. P100 (Registration/Entry fee), P240/P290 (KEBODIA Registration/Subscription) and P500/Ksh5, 000(Minimum Shares). This is paid directly to the:

Kenya-Botswana Diaspora Association BANK: **STANBIC Bank** Account no.: 9060004457639
Account type: Current account

Branch: Kgale View Code - 060167 Swift Code: SBICBWGX XXX

Make sure to reference your name and send a copy of your receipt to the treasurer on:

Whatsapp/cell no.: 71431523

Email: kebodiasacco@gmail.com

^{**}Application forms received without the above attachments will not be processed.