

FARMERS CHOICE REGULATED NON-WDT SACCO SOCIETY LIMITED

APPLICATION FORM

1. Iof ID

No..... M/No.....

Do hereby present myself for nomination to contest the position of member of;

a) Board of Directors

b) Supervisory Committee

MEMBER'S DETAILS

- Member No.....
- Date of joining.....
- Share capital
- Deposits as at application date.....
- Total BOSA loans as at application date.....
- Contact address.....
- Mobile number.....
- Employer name.....
- Department.....
- Payroll Number.....
- Terms of employment.....
- Position held at employment.....
- Highest Academic qualifications.....
- Highest Professional qualifications.....
- Any other qualifications.....

Leadership positions held

	Position held	From	To	Achievements

Declaration

I confirm that I have read, understood and agree to be bound by the Society's Act, Rules, Bylaws, Sacco policy and rules governing the nominations and election procedures in Farmers Choice Sacco.

Applicant's SignatureDate.....

Witness Date

Nomination

We, the below listed members of Farmers Choice Sacco wish to propose and second the candidature of

.....for the
position of member of;

a. Board of Directors

b. Supervisory Committee

		Name	P/No	M/No	Signature
1.	Proposer				
2.	Seconder				

Candidate's Signature Date.....