

**KIPSIGIS HIGHLANDS MULTI-PURPOSE CO-OPERATIVE SOCIETY LIMITED**  
**P.O. BOX 1371-20200 KERICHO Tel: 0715 481 628**



CODE

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**APPLICATION FOR MEMBERSHIP & PURCHASE OF SHARES**

**PART A i) PERSONAL DETAILS - APPLICANT AS PER ID**

FIRST NAME _____	MIDDLE _____	LAST _____
ID. NUMBER (Attach copy) _____	MOBILE NO. _____	
CONSTITUENCY _____	DIVISION _____	LOCATION _____
BOX NUMBER _____	POST CODE _____	TOWN _____

**ii) NEXT OF KIN**

FIRST NAME _____	MIDDLE _____	LAST _____
ID. NUMBER (Attach copy) _____	MOBILE NO. _____	
CONSTITUENCY _____	DIVISION _____	LOCATION _____
BOX NUMBER _____	POST CODE _____	TOWN _____

**PART B PURCHASE OF SHARES - CATEGORY B**

ENTRY FEE _____	NO. OF SHARES _____	AMOUNT _____
IN WORDS .....	IN WORDS .....	
APPLICANT SIGNATURE/ THUMB PRINT _____	DATE..... _____	

**FOR OFFICIAL USE ONLY**

RECEIPT NO.

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DATE

\_\_\_\_\_

DATA CLERK NAME \_\_\_\_\_

SIGN \_\_\_\_\_