



JOINAS SACCO SOCIETY LIMITED
P.O. BOX 669-00219
KARURI
TEL. 020 207 1289/0721 175 585
Email: info@joinassacco.com
www.joinassacco.com

JOINAS DT SACCO SOCIETY LTD.

NOMINATION APPLICATION FORM

1. **I** Holder of the ID Number And
 Member No..... do hereby present myself for nomination to contest for a position in **JOINAS**
DT SACCO SOCIETY LTD.

2. MEMBER'S DETAILS

CANDIDATE DETAILS	
MEMBERSHIP NUMBER	
DATE OF JOINING THE SOCIETY	
OFFICE TO SERVE (Tick appropriate)	<input type="radio"/> MANAGEMENT <input type="radio"/> SUPERVISORY
NATIONAL ID NUMBER (copy of ID)	
PHONE NUMBER	
PIN No.	
E-MAIL ADDRESS	
MARITAL STATUS	
SHARES AS OF APPLICATION DATE	
DEPOSITS AS OF APPLICATION DATE	
TOTAL BOSA LOANs AS OF APPLICATION DATE	
ZONE	
OCCUPATION	
HIGHEST ACADEMIC/PROFESSIONAL QUALIFICATION	
SIGNATURE	
DATE	
CERTIFICATES ATTACHED	<input type="radio"/> Good Conduct <input type="radio"/> O level <input type="radio"/> Tax Compliance



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DECLARATION

I, Accept and authorize publication of my personal profile by the society for the knowledge of the membership when elected as a board. I also understand that my obligations with and related party dealings in the society shall be disclosed to the members annually without the society seeking my approval.

I also confirm that I have read, understood, and agree to be bound by the Cooperative Societies Act (Cap 490 as amended 2004) and the Rules therein, Sacco Society's Act (2008), DT Sacco Regulations (2010) & Sasra Governance Guidelines (2023), Joinas DT Sacco Bylaws, and Joinas DT Sacco Electoral policy (2025), governing the nominations and election procedures.

Applicant's Signature..... M/No. Date

Proposer's Signature.....M/No.....Date.....

Seconder's Signature: M/No..... Date:.....