



COSMOPOLITAN DEPOSIT TAKING SACCO SOCIETY LIMITED

United we grow
P.O. BOX 1931
TEL: 051-2212415/6
NAKURU

ADDRESS ALL CORRESPONDENCE
TO THE SECRETARY COSMOPOLITAN
E-mail:info@cosmopolitansacco.co.ke

MEMBERS' SPOUSE DECLARATION FORM

MEMBER NAME _____
ID NUMBER _____
DATE OF BIRTH _____
TSC/P/ F.NO. _____ M/NO _____
PHONE NUMBER _____
KRA PIN NO. _____
EMAIL ADDRESS _____
P.O. BOX _____ TOWN _____
PHYSICAL ADDRESS _____

I HEREBY DECLARE MY SPOUSE/SPOUSES AS FOLLOWS:-

- (1) NAME _____
ID NO. _____
DATE OF BIRTH _____
PHONE NO. _____
- (2) NAME _____
ID NO. _____
PHONE NO. _____
DATE OF BIRTH _____
- (3) NAME _____
ID NO. _____
DATE OF BIRTH _____
PHONE NO. . _____

NOTE:- For more than 1 spouse the member has to contribute Kshs. 100/= per month for each.

I hereby authorize you to deduct Kshs. _____ on monthly basis to cater for the extra spouse(s)/spouses.

Signature _____ Date _____

FOR OFFICIAL USE ONLY

RECEIVED BY NAME _____ SIGNATURE _____

BRANCH _____ DATED _____