



# LANCET HOUSING CO-OPERATIVE SOCIETY LTD

5<sup>TH</sup> AVENUE OFFICE SUITES, 5<sup>TH</sup> AVENUE, OFF NGONG ROAD, UPPER HILL

117 P.O.BOX – 00202 NAIROBI, TEL: 0703061000 , 020 2716697

EMAIL: [info@lancethousing.co.ke](mailto:info@lancethousing.co.ke)

WEBSITE: [www.lancethousing.co.ke](http://www.lancethousing.co.ke)

## MEMBERSHIP APPLICATION FORM

Please complete your details in capital letters

Affix photo here

### 1. REQUIREMENTS – Please return this form with

- a. Photocopy of your National Identity Card or Passport
- b. Two Passport size Photographs
- c. Ksh. 10,500 Membership Fee (*Registration = Ksh. 500 & Minimum Share = Ksh. 10,000*)
- d. Photocopy of KRA PIN

### 2. ELIGIBILITY FOR MEMBERSHIP AS PROVIDED IN THE LHCS BY-LAWS

*(Kindly tick where applicable)*

**Employee of Pathologists Lancet Kenya Ltd**  
 ..... (Indicate Employment No.)

**Employee of Lancet Housing Co-operative Society Limited**  
 ..... (Indicate Employment No.)

**Has direct professional, economic and/or social ties with Pathologists Lancet Kenya**  
 ..... (Indicate details of the relationship)

**Others (specify).....** (Provide relevant supporting documents)

**Payments to be deposited directly to our A/C. Lancet Housing Co-operative Society Ltd  
 01120162882800 - Co-operative Bank of Kenya, Upper Hill Branch, Nairobi.**

**The Office only accepts Cheques/Banking Slips.  
 (The Society will not be liable for any cash given to any of the Sacco representative)**

I hereby make application for membership of the Society and agree to abide by the By-laws and any amendments thereof of the Lancet Housing Co-operative Society Limited.

**3. DETAILS OF THE APPLICANT (Tick Where Appropriate)**

Mr./Mrs./Miss (As per I.D.) \_\_\_\_\_  
I.D. No. /Passport No. \_\_\_\_\_ Nationality \_\_\_\_\_ Gender \_\_\_\_\_ F M  
Residential Address \_\_\_\_\_ KRA PIN No. \_\_\_\_\_  
Postal Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Town \_\_\_\_\_  
Mobile Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Signature \_\_\_\_\_ LHCS Membership No. \_\_\_\_\_

**4. EMPLOYMENT DETAILS (Tick Where Appropriate)**

**A) Employed**

Name of Employer \_\_\_\_\_ Employment No: \_\_\_\_\_  
Physical Address \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Occupation/Designation \_\_\_\_\_

**B) Self Employed:**

Name/Nature of Business \_\_\_\_\_  
Physical Address \_\_\_\_\_ County \_\_\_\_\_

**5. CONTRIBUTION DETAILS**

I/We wish to make a monthly contribution of Kshs \_\_\_\_\_ In words \_\_\_\_\_  
\_\_\_\_\_  
Effective date (dd/mm/yy) \_\_\_\_\_  
Proposed mode of remittances | **Check-Off** | **Standing Order** | **Cash Deposits**

**6. NEXT OF KIN**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
ID Number \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Email Address \_\_\_\_\_

**7. NOMINEE / BENEFICIARY (COMPULSORY)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
ID Number \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Email Address \_\_\_\_\_

## 8. RIGHTS OF A MEMBER

A member of the society shall have the right to:

- a) Attend the participate in decisions taken at all general meetings of the society and vote;
- b) Be elected to organs of the society, subject to these by – laws;
- c) Enjoy the use of all the facilities and services of the society subject to these by – laws;
- d) All legitimate information relating to the society, including: internal regulations, registers, Minutes of general meetings, supervisory committees reports, annual accounts, inventories and investigation reports at the society’s head office.

## 9. OBLIGATIONS OF A MEMBER

The members shall have the obligation to:

- a) Observe and comply with all the by – laws and decision taken by the relevant organs of the society in accordance with these by-laws;
- b) Buy and pay up for shares or make any other payments provided for in these By – laws.;
- c) Meet the debts of the society in case of bankruptcy in accordance with the provisions of these by–laws and Act.
- d) Make payment to the society either through;-
  - i) Check-off system
  - ii) Direct cash payment to the society’s bank account.
  - iii) A standing order.

## FOR OFFICIAL USE

Application for Membership Accepted/Not Accepted

\_\_\_\_\_  
Signed: Chairman

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Treasurer

Date : \_\_\_\_\_

Stamp \_\_\_\_\_

LHCS No \_\_\_\_\_