

FORM A5 SHARES CONTRIBUTION

PART A

FULL NAMES

SERVICE/PF NUMBER

MEMBER NUMBER

RATE PER MONTH KSHS

WITH EFFECT FROM

PART B

MINISTRY

ADDRESS

DISTRICT

SIGNATURE

PART C

PREPARED BY

BOOK-KEEPER	NAME	SIGNATURE	DATE
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CHECKED BY

TREASURER	NAME	SIGNATURE	DATE
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AUTHORISED BY

CHAIRMAN	NAME	SIGNATURE	DATE
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PART D

ACTED ON THE DATA SHEETS:

CHAIRMAN

SIGNATURE..... DATE.....

SECRETARY

SIGNATURE..... DATE.....

TREASURER

SIGNATURE..... DATE.....