



DATE.....

NOMINATION APPLICATION FORM (DELEGATE)

Name:.....

M/No:P/No.....

Postal Address:.....

Email Address:.....

Mobile Number:.....ID/No:.....

Branch:Electoral Unit:.....

County:.....Station

Year joined the Sacco:.....

Shares Held:Total deposits held:.....

Outstanding Loans:.....

Have you defaulted any loan

Yes No } tick appropriately
☐ ☐

Do you have any criminal record for the last three months

Yes No } tick appropriately
☐ ☐

Academic Qualification.....
(attach copies)

Professional Qualifications.....
(attach copies)

Signature.....Date.....

Do hereby apply for nomination to be elected as a delegate in.....branch/electoral unit

Declaration

Ihaving applied to be elected as a delegate for.....branch/Unit of Ardhi Sacco Limited do declare that I will adhere to rules and regulations of Ardhi Sacco Limited and I will ascribe by the oath secrecy (Data Protection Act of 2011)

Declared in thisday of20.....

By Name.....

Signature

Before

Commissioner of oaths

For Official Use

Share Held.....Confirmed by.....Date.....

Share Deposits..... Confirmed byDate.....

Years of Membership..... Confirmed by.....Date.....

Electoral Unit/Branch..... Confirmed byDate.....

Approved by Vetting Committee

Chairman:.....

Secretary:.....

Member:

The application must be submitted to Ardhi Sacco either physically or via email (info@ardhisacco.com) on or before January 18, 2026.