



Tel: 254-020-273360173
Mobile Nos. 0724310626, 0735000012
Fax 254-020-2733558
Email: admin@kimitusacco.or.ke
Website: www.kimitusacco.or.ke

MEMBERSHIP APPLICATION FORM

1. INSTRUCTIONS

This form needs to be filled and returned to Kimisitu Sacco Society Limited, P.O. Box 10454-00100 Nairobi, Kenya.

Kindly attach the following mandatory documents:

- i. One copy of your ID/Passport
- ii. One recent passport size photo (Write your name, ID number and signature at the back)

2. PERSONAL DETAILS

Name in full..... (BLOCK LETTERS)

Employer.....

Re-joining the Sacco? YES/NO.....

Date of first Appointment..... Official Designation..... Employer

Location..... Terms of Service.....

If on Contract indicate when contract is terminating/Ending..... Date of

birth..... Marital Status..... Gender.....

Mobile Tel No..... ID No.....

KRA PIN.....

Bank Name.....

Account No..... Bank Branch.....

Current Address..... Code..... Town.....

Email Address.....

3. NEXT OF KIN (To be contacted in case of emergency)

Name in full(BLOCK LETTERS)..... Date of Birth.....

Relationship..... Mobile Tel No..... ID No.....

Current Address..... Code..... Town..... Email

Address.....

Join Kimisitu Sacco and enjoy Karibu Loan in only Three Months

4. BENEFICIARY (Person(s) designated to receive funds/benefits in the unfortunate event of loss of life)

No.	Name	Relationship	% Allocation	ID No.	Tel Contact

Witnesses by (Must include 2 witnesses)

1. Name:Signature.....Date.....

2. Name:Signature.....Date.....

In making this membership application, I do hereby agree to conform to the society’s By-laws and any amendments thereof.

Signature of Applicant.....Date.....

Entrance fee of Ksh. 1,000 should be included in the first month contributions.

Share capital of Ksh.30 ,000 (contributable by 2020)

Member Introduced by.....Member No.....

5. AUTHORITY TO MAKE DEDUCTIONS FROM SALARY

The Accountant

Monthly Savings

I,, hereby authorize you to deduct the sum of Kshs
(Kenya Shillings)..... From my salary every month and pay to the
 KIMISITU Co-operative Savings and Credit Society Limited with effect from.....
 ...until further notice.

Member’s Signature.....Date.....

6. FOR SPOUSES ONLY

Indicate the amount to be contributed below in figures and in words

Kimisitu Sacco: Membership Application Form

Amount in figures: Ksh.....

Amount in words: Ksh.....

Monthly Contributions to be paid through (Tick Appropriate)

Check off Standing Order Cheque/Cash

(This section should be filled by member introducing the spouse)

I.....ID/Passport No.....M/No.....

Confirm that the applicant is my.....(spouse) and he/she is capable of independently making regular monthly contributions as a member of Kimisitu Sacco Ltd. (Attach copy of marriage certificate or a sworn affidavit.)

Member's signature..... Date.....

FOR OFFICIAL USE ONLY

Recruited byMembership No

Date of Admission

Date of Cessation

Approved by Board Minute No

Membership No.....

Signed..... Chief Executive Officer.

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