



Attach
Passport photo

MEMBERSHIP APPLICATION FORM

Please complete in **BLOCK LETTERS**. This form is complete when attached : One recent coloured Passport Photograph, Copy of National ID/Valid Kenyan Passport and a Copy of KRA PIN.

SECTION A : APPLICANT'S BIO-DATA

Mr./ Ms. Others (Specify)					Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>										
Name (as per National ID):															
ID/Passport No:				Date of Birth:				D	D	M	M	Y	Y	Y	Y
Country of Residence:					Marital Status:										
County/Province/City/State:					Postal Address/Code:										
Primary Mobile Number:					Other Number:										
KRA PIN:				Email:											

SECTION B : OCCUPATION DETAILS(select only where applicable)

Employed : <input type="checkbox"/>	Self Employed/ Biashara : <input type="checkbox"/>
Employer:	Business Type/Name:
Employer Address :	Business Address/Location:
Gross Monthly Income:	Gross Monthly Income:

SECTION C : OTHER SOURCES OF INCOME

Pension Income : ☐ Others (Please Specify): ☐

SECTION D : MONTHLY REMITTANCE

Monthly Deposit Contribution (Kes): Amount in Words:

Monthly Share Capital Contribution (Kes): Amount in Words:

Mode of remittance : Check Off ☐ Direct Debit ☐ MPESA ☐ Others (Specify) ☐



SECTION E : NEXT OF KIN (To be contacted in case of emergency - MUST BE 18 years & above)

Name.....Relationship..... Mobile Number ID NO

BENEFICIARY (PERSON(S) DESIGNATED TO RECEIVE FUNDS/BENEFITS IN THE UNFORTUNATE EVENT OF LOSS OF LIFE)

NAME	RELATIONSHIP	PERCENTAGE ALLOCATION	I/D NO	TEL NO.

SECTION F : MOBILE BANKING ENROLLMENT

I hereby consent to be enrolled to the Sacco mobile banking service.

Name:	National ID:	Mobile No.	Signature:
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For detailed terms and conditions visit here: www.kimisitusacco.or.ke/mobilebanking-t-c

I have read and understood the Terms & Conditions ☐ (check box)

SECTION G : MEMBER INTRODUCED BY:

Please specify how you came to know/ learn about the Sacco:

<input type="checkbox"/> Existing Member	<input type="checkbox"/> Magazine Advert	<input type="checkbox"/> Newspaper Advert	<input type="checkbox"/> Kimisitu Staff
<input type="checkbox"/> Social Media (Facebook, Twitter, Instagram, LinkedIn, YouTube, Website)			

(i) If introduced by existing Member, fill in below

Name:	Member Number:
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SECTION H : SIGNATURE AND DECLARATION

In making this membership application,I confirm that all particulars given by me are true. I consent that my personal data may from time to time be used and disclosed for lawful purposes and in accordance with Kimisitu Sacco policy and relevant laws as amended from time to time. In the event I wish to amend my information provided to the Sacco, I commit to follow the Sacco stipulated data change process. I do hereby agree to conform to the society’s By -laws and any amendments thereof.

NAME	<input type="text"/>	SIGNATURE	<input type="text"/>	DATE	<input type="text" value="D D M M Y Y Y Y"/>
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SECTION I : FOR OFFICIAL USE ONLY

Member recruited by:

Name:	Staff Number:	Signature:
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Data Captured By:	Signature:	Date:
System Approval By:	Signature:	Date:
Assigned Member Number:		

