

APPLICATION FOR MEMBERSHIP

I hereby make an application for membership and agree to abide to the Co-operative Societies Act and Rules, AMREF SACCO By-laws and any amendments thereof.

(Complete this form in BLOCK letter and attach Copy of ID/Passport and KRA Pin Certificate.)

A. APPLICANTS PERSONAL INFORMATION (CHECK OFF MEMBER)

NAME OF APPLICANT (as in ID)

DATE OF BIRTH ID/PASSPORT NUMBER

EMPLOYER OFFICIAL DESIGNATION

PAYROLL NO TERMS OF SERVICE

STATION NATIONALITY

EMPLOYER'S ADDRESS

EMPLOYEE'S ADDRESS

TELEPHONE.....E-MAIL.....

How did you get to know about Amref Sacco? (Tick one)

Sacco website/social media Referral Others (please specify)

REFERRED BY (if applicable)MNO SIGNATURE.....

B. APPLICANTS PERSONAL INFORMATION (NON-CHECK OFF/ REFFERAL MEMBER)

NAME OF APPLICANT (as in ID) ID/PASSPORT No.....

DATE OF BIRTH NATIONALITY

P.O BOX..... OCCUPATION

EMPLOYER/BUSINESS NAME

TYPE OF ORGANISATION/BUINESSLOCATION.....

TELEPHONE..... E-MAIL.....

(Attach Letter of Employment or Business registration certificate as applicable)

C. DETAILS OF REFERRING MEMBER (For applicants in SECTION B)

I hereby confirm that the above named applicant is of good conduct and is known to me for.....years

NAME OF PRINCIPAL MEMBERMNO.....

ID NUMBER.....P.O BOX.....TELEPHONE

E-MAIL.....RELATIONSHIP TO APPLICANT.....

SIGNATURE DATE.....

D. NOMINATED NEXT OF KIN

I, the undersigned, in the event of my death, whilst a member of the society, hereby instruct the society to pay all amounts due to me less any debts to the society, to the person(s) named in this section. I understand that I may alter the name of the nominated next of kin by filling in a subsequent Nominated next of kin Form.

Name	Relationship	%of Deposits	ID Number	Box Address	Tel No.	Email

E. AUTHORIZATION TO DEDUCT FROM SALARY/ COMMITMENT TO REMIT (Note: Ksh 2,000 non-refundable entrance fee will be charged in the 1st contribution)

I hereby authorize deduction of/ commit to remit Ksh every month with effect from the Month of..... 20..... to be allocated as follows: (for _____ months

- i. Share capital A/c Ksh
- ii. Member Deposit A/c Ksh
- iii. Holiday Saving A/c Ksh.....
- iv. Property Saving A/c Ksh.....
- v. Junior Saving A/c Ksh.....

Preferred mode of contribution for Non-check off applicants (tick box)

Standing Order Bank deposit Bank transfer Mpesa Paybill

F. MEMBER BANK/PAYMENT DETAILS

- 1.Account name
- 2.Bank Name
- 3.Account Number
- 4.Bank Branch.....

I hereby confirm that all the details provided above to support my application for membership in AMREF SACCO are true to the best of my knowledge.

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

Witnessed by:

Name I.D Mno. Tel.....

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

FOR OFFICIAL USE:

Received by: Name.....Sign.....Date.....

Approved / rejected by: Name.....Sign.....Date.....

Member No issued _____