

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 the deduction of/ commit to remit Ksh with effect from the Month of..... 20..... to be allocated as follows:

- | | | | | |
|------|---------------------|-----------|-----|--------|
| i. | Share capital A/c | Ksh | For | Months |
| 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.

By filling and signing this form, you authorize the Sacco to process and store your personal data for the purpose of membership application.

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 _____