

**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/BUISSNESS .....LOCATION.....

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 MEMBER .....MNO.....

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 1<sup>st</sup> contribution)**

I hereby authorize deduction of/ commit to remit Ksh ..... every month with effect from the

Month of..... 20..... to be allocated as follows:

- i. Share capital A/c Ksh.....(for \_\_\_\_\_ month(s))
- 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

**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** \_\_\_\_\_