

MEMBERSHIP APPLICATION FORM

Member Number:

A: PERSONAL DATA

Surname Gender:

First Name(s) E-mail address:

Date of Birth Mobile Number:

Nationality National ID No.

County Sub - County:

Postal address: Town:

Residential address: Mr./Mrs./Miss/Prof./Rev./Dr.

B: EMPLOYMENT / BUSINESS DATA

EMPLOYED: IN- BUSINESS FARMER

Employer Name: Location:

Postal Address Telephone Number

Occupation:

Business Name: Location:

Postal Address Telephone Number

Type of business:

C: NEXT OF KIN/ BENEFICIARY DETAILS

I the undersigned, upon my demise whilst a member of the Sacco, hereby instruct the Sacco 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 nominated next of kin by filling in a subsequent nominated next of kin form.

NO.	NOMINATED NEXT OF KIN(S)	RELATIONSHIP	ID/PP NO. If Minor indicate C/o	PHONE NO.	DATE OF BIRTH (D.O.B)	Percentage (%) Assigned
1.						
2.						
3.						
4.						
5.						

D: REMMITANCES

Membership Registration/ Entrance Fee:

1.individual-1000 KES 2.Group-3000KES 3.Corporate-5000KES

Minimum Monthly Deposits Remittance:

1.Individual-1000KES 2.Group-5000KES 3.corporate-10,000KES.

Monthly Risk Fund contribution:

Kshs. 100

E: MEMBER ACKNOWLEDGEMENT:

I do hereby declare that the information I have given is true and correct to the best of my knowledge and belief

SIGNATURE OF APPLICANT (Within the Box)

F: FOR OFFICIAL USE ONLY

Applicant recruited by

ENTRANCE FEE (1000/-) PAID ONRECEIPT NO.....

DATE OF ADMISSION TO MEMBERSHIPMEMBERSHIP NO.....

ACTIONED BY.....

CHECKED BY: DATE

G: BOARD APPROVAL

Application considered by Unity Sacco Board of Directors on

and approved under Minute No.....

Signed by: Chairperson: Treasurer: