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APPLICATION FOR MEMBERSHIP FORM

“A” INSTRUCTIONS

1. This form should be completed in full.
2. Use **BLOCK** letters only to complete the form.

“B” APPLICANT’S PARTICULARS

1. First Name:.....Middle Name:..... Surname:.....
2. Nationality:.....
3. Date of Birth:/D...../M...../Y.....
4. (a) ID/Card No:.....(attach copy of identity Card)
(b) Passport No :.....(attach copy of Passport -Foreigners only)
5. Gender.....Marital Status.....
6. Phone No.....Email.....
7. Have you been a member of this Society before? If yes please quote previous Referral Sacco Membership No.....
8. Name and Present Address of Employer if applicable).....
9. Designation.....
10. Date of Employment (If applicable).....
11. Personal File Number (If applicable).....
12. Present Station and Extension
13. County:
14. Recruited by:(Name..... PFNO.....)

15. Next of Kin.

	Name of the Nominee	Address	Mobile No.	Relationship	Entitlement(%)
1					
2					

16. AUTHORITY TO MAKE DEDUCTION FROM SALARY:

I hereby authorize you to deduct from my salary **Kshs. 1000** for Entrance fees as well as my monthly contribution of Kshs.....(**minimum of Kshs 2000**)

Effective from.....

I certify that the information given here is correct to the best of my knowledge.

Signature of Applicant:.....Date of Signature.....

CHRISTMAS SAVINGS FORM (VOLUNTARY)

1. Name:..... P/No:..... Member No:.....

2. Department.....ID No.....Designation.....

3. Employer and Address:.....

4. Phone No:

5. I hereby authorize you to deduct from my salary **KES 200/=** (Registration(**payable once**)) and KES(In words) my monthly Christmas savings contribution. (Minimum contribution is **Kshs.500/=** per month)
Effective from.....

I certify that the information given here is correct to the best of my knowledge.

6. Applicant's signature..... Date:.....