



P.O BOX 7504 – 30100 ELDORET, TEL 0707-737161
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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.
3. Share contributions not less than Kshs. 1500

“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 1500**)

Effective from.....

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

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

“D” BENEVOLENT SCHEME BENEFICIARY FORM

(To Be Completed By All Members)

1. Full Name:- _____

2. PF NO:-_____ M/NO:_____

3. Home Postal Address:-_____PHONE NO.-----

4. Name of Spouse (Husband/Wife)

5. Names of Biological Children/Legally adopted Children

a).

b).

c).

d).

e).

f).

6. Names of Biological parents

Mother:.....

Father:.....

7. Member’s Signature:-Date:.....

Note:-

(i). In case you have an additional child born, please notify the SACCO office immediately.