

Membership Application Form

Affix Passport Photo here

1. INSTRUCTIONS

Kindly attach the following mandatory documents:

- i. One copy of your ID/Passport
- ii. Copy of KRA PIN certificate
- iii. One recent passport size photo (Write your name, ID number and signature at the back)

2. APPLICANT'S DETAILS

Name in full		(BLOCK LETTERS)
Date of birth	Marital Status	Sex
Mobile Tel No	ID No	
KRA PIN		
Current Address	Code	Town
Email Address		
3. SOURCE OF INCOME		
Main source of Income		(Salary, Business, Pension, others)
Proposed monthly contribution (Ksh)	Amount in words
Proposed mode of remittances		(Direct Debit, Standing Order)
Effective Date		
4. NEXT OF KIN (To be contact	ed in case of eme	rgency)
Name in full (BLOCK LETTERS)		Date of Birth
Relationship N	lobile Tel No	ID No



Current Address......Code......Town.....

Fmai	l Address					
5. BENEFICIARY (Person(s) designated to receive funds/benefits in the unfortunate event of death)						
No	Name	Relationship	% Allocation	ID/Birth No.	Tel Contact	
Witn	esses by:					
Nam	2:	Signatu	re	Date		
	aking this membership app any amendments thereof.	lication, I do here	eby agree to cor	nform to the so	ciety's By-laws	
Signa	ture of Applicant		Date			
6. R	EFEREE (To be filled by	y the member	introducing t	he applicant)	I	
l			Member N	o:		
confi	rm that the applicant Mr/N	Mrs/Ms			is well known to	
me fo	or	and that h	ne/she is capabl	e of independe	ntly operating ar	
accou	unt as a member of Oywa S	SACCO Limited. H	e/She is my			
(wife	/husband/son/daughter/ f	riend)				
Refer	ee's Signature		Date			



(FOR OFFICAL USE ONLY)

Membership Number:	Receipt No:
Admission Date:	Worked by:
APPROVED BY:	
1) Honorable Secretary	2) Chairnerson