



NACICO SACCO SOCIETY LIMITED

PO BOX 34525-00100, NAIROBI

attach photo

TEL: 0202250024/0202250025

MOBILE NO: 0717056287/0736730936

EMAIL: info@nacosacco.coop

APPLICATION FOR MEMBERSHIP

1. APPLICANTS DETAILS

FULL NAMES:		
ID/PASSPORT NUMBER: (attach a copy)		DATE OF BIRTH(DD/MM/YY):
POSTAL ADDRESS:	POSTAL CODE:	TOWN/CITY:
MOBILE NUMBER:		EMAIL ADDRESS:
PHYSICAL RESIDENCE:		COUNTY:

2. EMPLOYMENT DETAILS (Tick where appropriate)

Salaried

Self Employed

Retired

Name Of Employer: Telephone no: Postal Address	Payroll No: (Attach payslip)	Work County:
Station:	Terms of Employment Permanent/Contract:	Expiry of contract:

Have you been a member before?

Yes

No

IF SELF EMPLOYED (To be completed by a business applicant)

Business Name:		
Nature of business:	Business Physical Location:	Office Number:

SOURCE OF FUNDS (Tick as appropriate)

Salary <input type="checkbox"/>	Business <input type="checkbox"/>	Pension <input type="checkbox"/>
Others(specify)		

DEPOSIT CONTRIBUTION.

Membership Fee (only once)	kes 400.00	<input type="checkbox"/>
Benevolent fund (Monthly) per contributor	kes 250.00	<input type="checkbox"/>
Share contributor (Monthly)	Minimum kes 3,000.00	<input type="checkbox"/>
	Total kes:	<input type="checkbox"/>

Effective date (dd/mm/yy)_____

Proposed Mode of Remittance: <input type="checkbox"/> Check off <input type="checkbox"/> Standing Order <input type="checkbox"/> Cash <input type="checkbox"/> Mpesa Paybill
<input type="checkbox"/> Other(Specify)

Other Services (Tick where Appropriate)

Issue ATM Card

Mobile Banking Facility

SMS Alerts

Declaration by the Card Applicant

I/We authorise the Nacico Sacco to issue an ATM card to my account and provide mobile banking facilities. I/We accept and agree to be bound by the conditions of use, and agree to be liable for all charges incurred through the use of these transactions. I/We understand that My/Our application can be declined by the Nacico Sacco without giving reasons to the extent permitted by law.

Member's Signature (s): _____ Date _____

NOMINATED NEXT OF KIN

I the undersigned, in the event of my death whilst a member of this society, hereby instruct the society to pay all amounts due to me less any debt to the society, to the person named in this section irrespective of **ANY OTHER WILL** made by me. I understand that I may alter the name of the nominated next of kin only in special written instruction to the society.

FULL NAMES	RELATIONSHIP	ID NO.	DOB	%	MOBILE NUMBER

Where all nominees are minors, I appoint the Guardian

.....ID No.....Mobile No.....

Member's Names..... Date...../...../.....

Member's Signature.....

Witness Name..... Signature.....Date.....

Witness Name..... Signature.....Date.....

DECLARATION

I confirm that the information given above is true to the best of my knowledge and I agree to abide to the society's by-laws.

INTRODUCED BY:

NAME:	
ID NO:	PAYROLL NO.
PHONE NO.	SIGNATURE

OFFICIAL USE ONLY

Member created by: Name: Signature..... Date.....

Member Number:.....

Approved by: Name..... Signature..... Date.....