



UKOMBOZI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD.

HEAD OFFICE P.O. Box 2758-20100NAKURU 0719312307 or 0737035736
Email:info@ukombozisacco.com/website:www.ukombozisacco.com

APPLICATION FOR MEMBERSHIP

Requirements: Copy of ID card, 2 Passport-size colored, Registration fee Kshs. 1,000/=

Surname

First Name

Middle Name

FULL NAMES.....

Day Month Year

DATE OF BIRTH: ID NO:

EMPLOYMENT STATUS: Employed Business Others (Specify below)

OCCUPATION (e.g. Doctor, Teacher, etc.):

MARITAL STATUS: Married Single Others (Specify below)

Marital Status (e.g. Divorced, Widowed, etc.):

KRA PIN NO: County:

EMAIL ADDRESS: REGION:

POSTAL ADDRESS: Sub-region:

CHURCH: TEL / MOBILE NO:

MONTHLY SHARE CONTRIBUTION

I commit myself to contribute Kshs (Minimum KShs. 500/=) every month

Starting from: Month:Year:

The first five thousand shillings is equivalent to fifty shares which is retained as my share capital but can be transferred to other members with my consent upon withdraw from membership.

Signature of the Applicant: Date:

Introduced By: Member No: Mobile No:

FOR OFFICIAL USE ONLY

DATE OF ADMISSION: MEMBERSHIP NO:

RECEIVING OFFICER: BRANCH: SIGN:

CHAIRPERSON NAME: SIGN:

Nairobi Office 0719 312 309 0782 301 313	Mombasa Office 0716 130 883 0782 601 188	Eldoret Office 0729 287 451 0782 850 884	Kitengela Office 0748 080 119 0782 301 118	Karatina Office 0748 080 086 0782 605 508	Nkubu Office 0719 834 321 0782 601 015	Kisii Office 0716 130 884 0782 601 415	Kisumu Office 0719 772 099 0782 599 822	O. Rongai Office 0726 498 199 0782 601 010
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NEXT OF KIN DETAILS

I, the undersigned, in the event of my death whilst a member of the society, I hereby instruct the society to pay all amounts due to less any debts to the society, to the named beneficiary in this section, the name of nominee can be given in a sealed letter, I understand that I may alter the name of the nominated beneficiary by filling in a subsequent nominated beneficiary form.

NAMES OF NEXT OF KIN	PROPORTION %	RELATIONSHIP TO MEMBER	ID or Birth Cert No.	MOBILE No.
1				
2				
3				
4				
5				

(ATTACH COPY OF ID/BIRTH CERTIFICATE/PASSPORT)

SIGNATURE OF THE APPLICANT: DATE: _____

WITNESS NAME: DATE: _____

M-Sacco Registration Details (Optional)

M-Sacco Mobile Phone No; _____ (Safaricom Numbers ONLY)

Statement Email Address: _____

Declaration by the subscribe

I certify that the information I have given above is true.

Date: _____

Customer Signature: _____

Disclaimer:

M-Sacco is subject to Sacco terms and conditions. It should be noted that it is the member's responsibility to ensure they are aware of all transactions via this service and their secret pin is only known to them. The Sacco will not be held liable in case of any transaction's resulting from the member's number. In case of loss of the number stated above report to the Sacco immediately for the number to be blocked.

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