



Kenya Cinema Plaza,
Moi Avenue
P.O. Box 42496,
code 00100, Nairobi

Attach Passport
Photo

EMPOWERMENT AND ONENESS

MEMBERSHIP APPLICATION

To: The Secretary

I hereby make an application for membership and agree to confirm to the Sacco's by-laws, policies and any amendments thereof.

N/B: PLEASE USE CAPITAL LETTERS TO FILL IN THIS FORM

APPLICANT'S DETAILS

Full Name (As Per ID)	_____	Title	_____
Date of Birth	DD / MM / YYYY	Gender	_____
ID / Passport No	_____	Nationality	_____
Postal Address & Code	_____	Tel or Mobile No	_____
Email Address	_____		
Residential Address	Town _____	House No	_____
Home County	_____	Home Sub County	_____

BUSINESS OR EMPLOYMENT DETAILS

Employer's or Business Name	_____	Position	_____
Nature of Employment or Business	_____	Work Station	_____
Postal Address & Code	_____	Tel or Mobile No	_____
Physical Address	_____	Payroll No	_____

PROPOSED MONTHLY CONTRIBUTION

Registration Fees Kshs 1,000. Proposed Monthly Contribution (KShs) _____

BANK DETAILS

I authorize Apostolos Sacco to pay all my future benefits and claims to the Bank Account below until advised otherwise in writing

Account Name	_____		
Account No.	_____	Account Type	_____ (Current / Savings)
Bank Name	_____	Bank Branch	_____

PAYMENT MODES

Salary Deduction	_____ (Name of your Employer or)		
Cheque Payment to	Apostolos Sacco Society Limited		
Direct Bank Deposit to	Account No: 01120733901800	Account Name	Apostolos Sacco Society Limited
	Bank Name: Cooperative Bank of Kenya Ltd	Branch Name	Aga Khan Walk
M-Pesa Deposit to	Paybill No. 400200	Account / Ref No.	40004570

NB: Deposit all your registration fees, share deposits and monthly contributions to the SACCO account above and forward the message to the treasurer including your ID number and name for accounting purposes.
Cash payment is NOT accepted and the Sacco will not be liable for any cash given to staff, agent or broker.

BENEFICIARIES DETAILS

I, the undersigned, in the event of my demise whilst a member of the society, hereby instruct the society to pay all amounts due to me, less any debts to the society, to the person named in this section. (The name of nominee(s) can be given in a sealed letter). I understand that I may alter the name of the nominated next of kin by filling in a subsequent nominated next of kin form.

Full Name (In the correct order)	Relationship Allocation %	Mobile No.	ID No. / Birth Certificate No.
1.			
2.			

APPLICANT'S DECLARATION

I _____ *(Full Name)* _____ the applicant, declare that;

- This application is hereby made to Apostolos Sacco Society Ltd according to the Sacco's terms and conditions.
- The statements made in this application and in any other documentation submitted in connection with this application are complete, true and form the basis of the membership. I have checked those statements carefully and if there are any changes to the information in this form before or after the membership starts, I will inform Apostolos Sacco Society Ltd.
- I recoverably authorize and request any organization or official who may be in possession of or hereafter acquire any information concerning my credit status to disclose such information to Apostolos Sacco Society Ltd.
- The Sacco may recover any expenses incurred, unpaid fees and loans if I terminate the application for membership.

Applicant's Signature _____ Date _____

This form needs to be returned to Apostolos Sacco Society Ltd with the following mandatory documents: -

- > **ID / Passport copy**
- > **One passport size photo**
- > **KRA PIN certificate copy**

EMPLOYER, PASTOR, OR REFEREE'S CONFIRMATION

I _____ *(Full Name)* _____ confirm that the applicant is well known to me and that he/she is capable of independently operating an account as a member of Apostolos Sacco Society Ltd.

Tel or Mobile No. _____ Email Address _____

Relationship to Applicant ___Employer or Business _____

Referee's Signature _____ Date _____

FOR THE SACCO'S USE ONLY

Introduced By	Signature	Date	DD	/	MM	/	YYYY
Approved By	Signature	Date	DD	/	MM	/	YYYY
Input & Filed By	Signature	Date	DD	/	MM	/	YYYY
Date of Admission	DD / MM / YYYY	Membership No.					