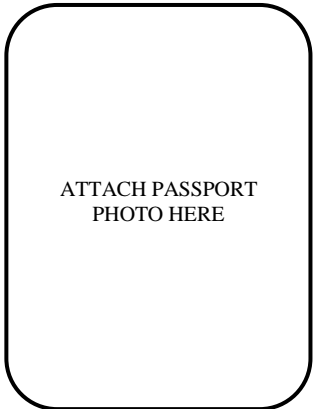


**SHIRIKA SACCO SOCIETY LTD**  
**SHIRIKA CO-OP HOUSE**  
**P.O. BOX 43429-00100 – NAIROBI**



TEL: 3740625/3753626  
DATE.....

**APPLICATION FOR MEMBERSHIP AND ADMISSION**

The Chairman,  
Shirika Sacco Society Ltd,  
P.O. Box 43429  
**NAIROBI.**

I hereby make application for membership of your Society and agree to abide by the By-laws/or any amendments thereof.

**a) EMPLOYMENT PARTICULARS:**

NAME: (as per your I/D card).....  
DATE OF BIRTH..... I/D NO.....  
CURRENT ADDRESS..... PERSONAL/TSC/STAFF NO.....  
EMPLOYER/MINISTRY..... MOBILE NUMBER.....  
STATION..... DESIGNATION.....  
TERMS OF SERVICE..... DATE OF EMPLOYMENT.....  
KRA PIN NO:.....

**b) HOME ADDRESS:-**

DISTRICT..... DIVISION.....  
LOCATION..... SUBLOCATION.....  
POSTALADDRESS.....  
PARENT/FATHER'S NAME & ADDRESS.....

**c) NEXT OF KIN AND ADDRESS:**

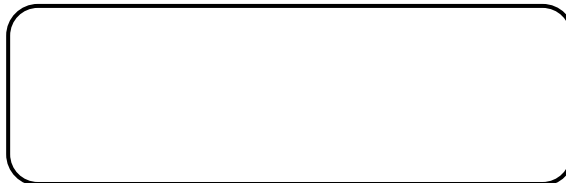
NAME..... I/DNO.....  
POSTALADDRESS.....

**d) OTHER PARTICULARS:-**

MEMBER HAS BEEN RECRUITEDBY..... M/NO.....  
CURRENT SACCO SOCIETY.....  
SHARES/DEPOSIT BALANCEKSH.....  
LOAN BALANCE KSH:.....

I AUTHORISE YOU TO DEDUCT KSH.....10% OF MY TOTAL EARNINGS PER MONTH OR MORE  
(KINDLY ATTACH A COPY OF YOUR PAYSLIP AND A COPY OF YOUR NATIONAL IDENTITY CARD.)

APPLICANT'S SIGNATURE



**FOR OFFICIAL USE ONLY:**

DATE OF ADMISSION TO MEMBERSHIP.....  
APPROVED BY MANAGEMENT COMMITTEE MIN NO..... DATE.....  
ENTRANCE FEE KSH:1000= PAID ON.....  
THE FIRST SHARE PAID IN.....  
MEMBERSHIP NUMBER ASSIGNED.....  
..... (SECRETARY)

**FOSA SAVINGS ACCOUNT**

I/We wish to open an account at Shirika Savings and Credit Society limited and undertake to comply, observe and be bound by the general terms and conditions in force from time to time governing the operation of the account with the Sacco.

**TYPES OF ACCOUNTS**

*(Tick as Appropriate)*

- |   |  |
|---|--|
| <input type="checkbox"/> Personal Account | <input type="checkbox"/> Masomo Account        |
| <input type="checkbox"/> Savings Account  | <input type="checkbox"/> Fixed Deposit Account |
| <input type="checkbox"/> Safari Account   | <input type="checkbox"/> ATM Card              |

Account Name \_\_\_\_\_

**APPLICANT**

Full Names \_\_\_\_\_

Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID/Passport No. \_\_\_\_\_

Mailing Address: P.O Box \_\_\_\_\_ Code: \_\_\_\_\_ Town \_\_\_\_\_

Tel Office: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email: \_\_\_\_\_ Member No. \_\_\_\_\_

**I therefore authorize you to deduct Kshs ..... Every month with effect from.....from my salary until further notice**

**SIGNATURE AUTHORITY OR THE ACCOUNT MANDATE *(Tick as appropriate)***

Singly  Either To Sign  All of Us Jointly  Any Two to Sign

**SMS BANKING SERVICE:** please provide me with this service as per details provided below:-

Mobile No \_\_\_\_\_ Account No. \_\_\_\_\_

Mobile registered in the name of \_\_\_\_\_

**SMS ALERTS:** Include the following SMS alert service. *(Tick required service below)* please note each SMS alert is charged as per prevailing

- |  |   |   |   |
|--|---|---|---|
| Sacco tariffs. <input type="checkbox"/>  | When cheque is cleared <input type="checkbox"/> | On overdrawng of account <input type="checkbox"/> | On Salary credit <input type="checkbox"/>       |
| Account balance <input type="checkbox"/> | On loans approval <input type="checkbox"/>      | On guaranteeship <input type="checkbox"/>         | On loan repayment date <input type="checkbox"/> |

**ACCOUNT OPENING CHECK LIST**

- Copy of ID'  Specimen signature obtained  Application details completed  Passports Photo
- KRA Pin No  Copy of Payslip

**FOR OFFICIAL USE**

Sacco: Verified by: \_\_\_\_\_ Approved by: \_\_\_\_\_

Date: \_\_\_\_\_ Sacco Stamp \_\_\_\_\_

