

**MEMBERSHIP APPLICATION FORM**

Attach Passport

Requirements:

- 1. Passport size photograph
- 2. Photocopy National ID / Passport/Relevant Registration for groups & Companies.

I hereby make an application for membership and agree to conform to the co-operative by-laws and any amendment thereof.

**SECTION 1: APPLICANTS PERSONAL INFORMATION**

FULL NAME: Mr/Mrs/Miss/Dr/. \_\_\_\_\_

DATE OF BIRTH /REG. \_\_\_\_\_ GENDER: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

ID/PASSPORT/REG NO: \_\_\_\_\_ TEL NO: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**SECTION 2: EMPLOYMENT DETAILS**

EMPLOYER: \_\_\_\_\_ NATURE/INDUSTRY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHYSICAL LOCATION: \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_\_ TERMS: Contract / Permanent

**SECTION 3: BUSINESS DETAILS**

BUSINESS NAME: \_\_\_\_\_ NATURE/INDUSTRY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHYSICAL LOCATION: \_\_\_\_\_

**SECTION 4: REMITTANCES**

I hereby commit to save Kshs. \_\_\_\_\_ Monthly Deposits and Kshs \_\_\_\_\_ Share Capital contribution with effect from the month of \_\_\_\_\_ until further notice. Mode of remittance **Mpesa/Cash / Bank Deposit / Agent Deposit**

**CAUTION:** AN OFFICIAL RECEIPT IS ISSUED FOR CASH DEPOSITS. MPESA PAYBILL 539124 / Account Number is **Member ID or National ID Number**. Bank and Agent Deposits to **Co-operative Bank Account - 01120882198100** – In the Name of **Empawa Sacco Society Ltd** AND **Member ID or National ID** to be indicated on Deposit Slip.

**SECTION 5: BENEFICIARY DETAILS**

I, the undersigned in the event of my death whilst a member of the Empawa Society hereby instructs the Society to pay all amounts due to me, less any debts to the Society to the person/s named in this section. (The nominees can be provided separately in a sealed letter addressed to the Chairman, Empawa Sacco)

Full Names	Relationship to the Member	Allocation in %	ID / Passport No	Address	Mobile No

**SECTION 6: DECLARATION**

I \_\_\_\_\_ declare all the information given herein is true and I shall abide by all terms and conditions laid down by the Sacco. (Note: Giving false information is an offence under the laws of Kenya)

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_

ID NO: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

We have checked and confirmed that all the information given is correct as per the documentation provided.

MEMBERSHIP NO: \_\_\_\_\_

REGISTERED BY: \_\_\_\_\_ SIGNATURE & DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ SIGNATURE & DATE: \_\_\_\_\_