SOS SACCO

0721 215 567 | 0722 250 161 | 0729 807 849 P.O BOX 40653 - 00100 NAIROBI ,KENYA SOSSACCO.2016@GMAIL.COM

MEMBERSHIP APPLICATION FORM

"Affix Photo"

APPLICANT'S DETAILS

Surname:	Other Names:	Gender:
Date of Birth:	Marital Status:	Occupation:

CONTACT DETAILS

Postal Address:	Postal Code:	Town/City:
Telephone:	Cell Phone No:	Email Address:

PHYSICAL ADDRESS

Location:	Street/Building/Estate:	House Number:

HOME/PERMANENT ADDRESS

P.O. Box:	Code:	Town/City:

IDENTIFICATION

ID No.:	Place of Issue:	KRA PIN:
Passport No:	Issue Date:	Expiry Date:

EMPLOYMENT DETAILS (To be completed by employed applicant)

Name of Employer:	Department:	Payroll No.:
Station:	Location:	Emp. No.:
Terms of Employment:(Permanent/Contract)		Expiry of Contract:

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

Business Name:	Street/Building/Estate:	Office Number:
Nature of Business:		

SOURCE OF FUNDS (Tick as appropriate)

Salary:	Business:	Pension:
Others: (Specify)		

ESTIMATED MONTHLY INCOME LEVELS (Tick as appropriate)

0-20,000	20,001-50,000	50,001-100,000	Over 100,000

SAVINGS PRODUCTS

I hereby apply for:

Savings Account
Education Account
Fixed Deposit Account
Christmas Savings Account

DEPOSIT CONTRIBUTION

Monthly Deposit (KSH)	Amount in words
Proposed mode of remittance: ☐ Check-off ☐ Standing Order ☐ Direct Debit ☐ Other (specify)	
Effective Date (dd/mm/yy):	

SAVINGS CONTRIBUTION

Monthly savings:	Amount in words(KSH)

SHARE CAPITAL

No. of Shares applied for:	Amount (KSH)

Monthly contribution :

ATM CARD / DEBIT CARD (Tick as appropriate)

Issue ATM Card: ☐ Yes	☐ No

M-SACCO (MOBILE BANKING)

I hereby authorize SOS Sacco Society Ltd to register this account for M-sacco as stated below:

☐ Yes ☐ No If Yes. Cell Phone: _____

Serial No.: _____ (Generated by System)

NOMINEE

Nominee's Name:_____	ID No.: _____	Relationship:_____
Phone No.:_____	P.O. Box:_____	% _____
Nominee's Name:_____	ID No.: _____	Relationship:_____
Phone No.:_____	P.O. Box:_____	% _____

APPLICANT'S SIGNATURE _____

REFEREE

I_____P/NO_____M/NO_____

confirm that the applicant is capable of operating an account independently as a member of SOS Sacco Society Ltd.

Referees signature_____ Date_____

OFFICIAL USE ONLY

Membership Category: ☐ Corporate ☐ Business ☐ Individual ☐ Group ☐ Other_____

Member Recruited by:_____Signature_____

Member Approved by:_____Signature_____

MEMBER NO _____ACCOUNT NUMBER _____DATE_____