BIASHARA PLUS SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD

Laxcon court & Plaza, Swaminarayan Road, Nairobi
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INDIVIDUAL MEMBERSHIP APPLICATION FORM

PLEASE READ THE NOTES ON THE LAST PAGE BEFORE COMPLETING THE FORM. COMPLETE THE FORM IN BLOCK LETTERS

PART A

1. APPLICANT'S DETAILS

Surname | First Name | Other Name

Nationality | Gender | Date of Birth

ID No. | KRA PIN No. | Phone No.

Postal Address | Post Code | Town

Residential Address

County | Sub-County | Location

Email Address | Occupation

Specimen Signature

Marital Status: Married ☐ Single ☐ Other (Specify)

If married provide spouse's details below:

Full Name | ID/PP No.

Phone No. | Email

Residential Address

2. EMPLOYMENT DETAILS

Employer | Current Station

Designation | Payroll Number

If Self-employed:

Nature of Business

Business Location

3. CONTRIBUTION DETAILS

Mode of Payment: Check-off (For employers who have signed an MOU with the Sacco) ☐ Direct Payments/Deposits ☐

First Date of Contribution (Month and Year) | Monthly Deposits Contribution (Ksh.)

4. BANKING DETAILS (Any payments by the Sacco will be made to this Account)

Account Name | Bank Name

Bank Branch | Account Number

5. INTRODUCED BY

Full Name | ID/PP No. | Phone No.

PART B

NOMINATION OF NEXT OF KIN

Every Sacco member is required to fill the below form, nominating a beneficiary who would be paid amounts due from the Sacco in the event of death.

Pursuant to By-Law of this Society, I…….....of ID/No..... in the event of my death while a member of the Society, hereby instruct the Society to pay all amounts due to me, less my debt to the Society, to the person(s) named below irrespective of any will made by me.

1. Name…… ID/No……

   Relationship…….. Percentage……..

   Postal Address…… Physical Address ……

   Tel No…… E-mail: ……

2. Name…… ID/No……

   Relationship…….. Percentage……..

   Postal Address…… Physical Address ……

   Tel No…… E-mail: ……

I also understand that for any of my nominated beneficiaries **(above)** under the age of 18 at the time of my death, any benefits payable will be paid to my **Appointee/Guardian** named below:

Name **(Appointee / Guardian):**	Relationship:	P.O. Box:	Code:	Town:
Email:	Tel. No:		Alternative Tel. No:	
ID/PP No: (attach a copy)	KRA PIN (attach a copy)			

I understand that I may change details of the nominee(s) only by special written instructions to the Society.

SIGNED BY MEMBER

Signature …… Date……

PART C

FOR OFFICIAL USE ONLY

Details Verified by:

Name_____Signature_____Date_____

I confirm that I have verified that all the details have been completed in accordance with Sacco procedures and that all the relevant documents are attached. I confirm acceptance of the customer relationship with Biashara plus Sacco Ltd.

APPROVED BY

Name_____Designation: _____

Signature_____Date_____

Mandatory Requirements: a) Full Membership Fee (1,200/-), Minimum Deposit Contribution (1,000/- p.m.), Benevolent Fund (400/- p.m.) and Re-joining Fee (2,000/-) as may be reviewed from time to time by the Board of Directors. Basic

Membership Eligibility Requirements: One Must - (a) Have attained the age of 18 years (b) Be of good character and sound mind (c) Pay the entrance fee and share capital as prescribed in the Society's by-laws (d) Be an individual or employee of bodies or agencies as approved by the Board of Directors (e) Not belong to another Sacco Society having similar objects or common bond (f) Not directly or indirectly be a money lender, cash daily collector or carrying out such activities detrimental or in competition to the objectives of the Sacco.