

REGISTRATION FEE 

 M PESA REFERENCE NUMBER 

 PASSPORT PHOTO 

**PERSONAL MEMBERSHIP APPLICATION FORM**

*Required: Attach copy of your National ID/Passport, KRA Pin Certificate & Passport size photo*

Employment No.....Member No..... FOSA A/c No.....

**Applicant information**

Mr./Mrs./Ms./Hon./ (specify) ..... Gender:  Male  Female

First Name: ..... Middle Name: ..... Last Name:.....

ID/Passport No: ..... KRA PIN: ..... Date of Birth: .....

Nationality: .....Current residential Address (Box): .....

Estate: .....Permanent Address (Box): ..... Tel No: .....

Personal Email: .....

Marital status:  Single  Married  Others:.....

How did you get to know about Nation Sacco .....

**Source of income**

Employed  Self-employed

**Employed:**

Name of employer: ..... Address (Box) .....

Terms of Employment (*Permanent, Contract, temporary, freelance etc.*).....

Work Email .....Office Tel/Ext. No..... Location .....

Est. monthly income (Ksh)  Less than 50,000  50,001 –100,000  100,001-500,000  500,001-1M  >1M

**Self-Employed**

Name of Business: .....Reg. No.....

Physical Address (Box)..... Location .....Nature of Business.....

Email .....Tel No.....

Est. monthly turnover (Ksh)  Less than 50,000  50,001 –100,000  100,001-500,000  500,001-1M  >1M

**Monthly Contribution**

Preferred monthly deposit: Ksh..... (*Minimum Ksh 2,000*), Mode of remittance .....

(*check-off, standing order, cash etc.*), Effective date .....

**MOBILE BANKING SERVICES APPLICATION**

I hereby apply for mobile banking and undertake to abide by all rules and regulations pertaining the facility.

Phone No (*Safaricom*): .....

Signature: ..... Date: .....

**SACCO LINK CARD APPLICATION**

I authorize Nation Sacco Society Ltd to issue an ATM card to my account and warrant that the information given above is true and complete. I further undertake to provide any additional information in connection with this application as may be sought from me from time to time. I accept and agree to be bound by the conditions of use detailed overleaf (and amendments there-of). I agree that I will be liable for all charges incurred through the use of this card. I understand that my application can be declined by the Nation Sacco Without giving reasons to the extent permitted by law.

Name: ..... Signature ..... Date .....

**PERSON WHO INTRODUCED YOU TO THE SACCO**

Name: ..... ID No.....Signature.....

Payroll No/Membership No.....Relationship with Applicant.....Date .....

**Applicant Specimen Signature (Sign at the center of the box)**



*Affix passport size photo*

OR

Photo Ref

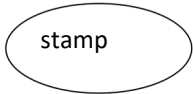
**NOMINEE/NEXT OF KIN DETAILS**

FULL NAME OF NOMINEE	ID/PASSPORT NO	RELATIONSHIP	DATE OF BIRTH	%	PHONE NO.

**INDEMNITY CLAUSE**

I agree that this account shall be operated solely at the discretion of the SACCO and hereby indemnify the SACCO at my cost against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactory performance.

Signature ..... Date .....



**CUSTOMER GOALS (Please indicate your expectations of saving with the Sacco)**

1	
2	
3	

**FOR OFFICIAL USE**

- All original documents verified
- Customer contact information provided
- All customer information obtained
- Photo taken/obtained and verified
- Mandated signatures obtained
- Monthly contribution booked

Account Opened by: .....Signature ..... Date .....

Account Authorized by: .....Signature ..... Date .....

Mobile Banking Registration: .....Signature ..... Date .....

Sacco Link Card Applied: .....Signature ..... Date .....

Comments:.....