



QWETU SACCO

Faida Leo na kesho

MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS AND TICK WHERE APPLICABLE

Branch

Date:

Product Name (Tick Below)

Ordinary savings <input type="checkbox"/>	Farmers Account <input type="checkbox"/>	Toto wa Qwetu <input type="checkbox"/>	Others(specify).....
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Requirements: 1. Attach a copy of your ID/Passport with both side.
2. Most recent passport size photograph.

Account Name:

Single

Joint

Account Number 1:

DETAILS OF FIRST APPLICANT

Mr./Ms./other (Specify)..... First Middle Surname

ID/Passport Number	ID Serial Number	Nationality	Date of Birth <input type="text"/>
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Marital Status KRA PIN

Country County District Division

Postal Address: Postal Code: Town: Current Residence:

My Mobile Number My Other Number My Office Telephone Number

EMAIL ADDRESS:

Purpose of Account(Tick)	Investment	Savings	Salary	Business	Collection	Other.....
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Employer's name/Occupation(if self-employed ,specify)

Employment Terms Employment Sector Employment Date Employer's Tel:

Other Accounts Currently Held with us

Bank Name Branch Account Number

Bank Name Branch Account Number

Contact Person's Name Mobile Number Address

DETAILS OF SECOND APPLICANT

Mr./Ms./other (Specify)..... First Middle Surname

ID/Passport Number	ID Serial Number	Nationality	Date of Birth <input type="text"/>
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Marital Status KRA PIN

Country County District Division

Postal Address: Postal Code: Town: Current Residence:

My Mobile Number My Other Number My Office Telephone Number

EMAIL ADDRESS:

DETAILS OF THIRD APPLICANT

Mr./Ms./other (Specify).....		First	Middle	Surname								
ID/Passport Number	ID Serial Number	Nationality		Date of Birth <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
Marital Status		KRA PIN										
Country	County	District	Division									
Postal Address:	Postal Code:	Town:	Current Residence:									
My Mobile Number		My Other Number	My Office Telephone Number									
EMAIL ADDRESS:												

NEXT OF KIN

I hereby nominate the following to receive the monies standing to the credit of my shares and deposits accounts and any other dues after my death.

	NAME	ID NO.	TELEPHONE NO.	RELATIONSHIPS	%
1					
2					
3					

SIGNATURE(S)(as used in all banking transactions)

NAME IN FULL (BLOCK LETTERS)	NATIONAL ID/PASSPORT	SPECIMEN SIGNATURE

For Toto wa Qwetu Applicants(fill the following section) Tick Appropriately-Child is Male Female

Child's First Name:	Middle Name:	Last Name:								
Date of Birth <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									Child Birth Certificate/Notification Number:	
Relationship with child(Tick) parent <input type="checkbox"/> <input type="checkbox"/>	Guardian <input type="checkbox"/> <input type="checkbox"/>	Other(specify)								

FOSA MOBILE BANKING SERVICES (Tick)

Visa Branded ATM Mobile Banking: Spot cash Pesa Pepe

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.

I will be contributing KES _____ /=(amount in words) _____ as my monthly share contribution.

FOR OFFICIAL USE ONLY

Recruited by: NAME: _____ SIGNATURE: _____ DATE: ___/___/___

Created by: NAME: _____ SIGNATURE: _____ DATE: ___/___/___

Verified by: NAME: _____ SIGNATURE: _____ DATE: ___/___/___

Authorised By: NAME: _____ SIGNATURE: _____ DATE: ___/___/___