



# QWETU SACCO

Faida Leo na kesho

# MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS AND TICK WHERE APPLICABLE

Branch

Date

D	D	M	M	Y	Y	Y	Y
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Product Name(Tick Below)

Ordinary Savings A/c	Farmers Account	Toto wa Qwetu A/c	Jibambe Account	Others _____
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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
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ID/Passport Number	ID Serial Number	Nationality	Date of Birth
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Marital Status	KRA PIN
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Country	County	District	Division
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Postal Address:	Postal Code:	Town:	Current Residence:
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My Mobile Number	My Other Number	My Office Telephone Number
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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:
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Other Accounts Currently Held with us

Bank Name	Branch	Account Number
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Bank Name	Branch	Account Number
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Contact Person's Name	Mobile Number	Address
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**For Toto wa Qwetu Applicants**(fill the following section) Tick Appropriately-Child is  Male  Female

Child's First Name:	Middle Name:	Last Name:
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Date of Birth	Child Birth Certificate/Notification Number:
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Relationship with child(Tick) parent	Y	N	Guardian	Y	N	Other(specify)
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**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.

**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.	RELATIONSHIP	%
1					
2					
3					
4					

**SIGNATURE(S)**(as used in all banking transactions)    Signing Instructions \_\_\_\_\_

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

**FOR OFFICIAL USE ONLY**

**Recruited by:** NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_/\_\_/\_\_\_\_

**Created by:** NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_/\_\_/\_\_\_\_

**Verified by:** NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_/\_\_/\_\_\_\_

**Authorised By:** NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_/\_\_/\_\_\_\_

**DETAILS OF SECOND APPLICANT**

Mr./Ms./other (Specify).....		First	Middle	Surname
ID/Passport Number	ID Serial Number	Nationality	Date of Birth	<input type="text"/>
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	<input type="text"/>
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 FORTH APPLICANT**

Mr./Ms./other (Specify).....		First	Middle	Surname
ID/Passport Number	ID Serial Number	Nationality	Date of Birth	<input type="text"/>
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:				