



MEMBERSHIP APPLICATION FORM.

FORM NO:

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS (tick where applicable).

ACCOUNT NO:

BRANCH:

DATE:

I hereby make an application to open an account and agree to conform to the Society's by laws and amendments thereof. (Please tick/select appropriately)

Ordinary Savings Vegpro Account Toto Wa Qwetu Jibambe Others Specify _____

Requirements:

1. Attach a copy of your ID/Passport with Both Sides.
2. Most recent passport size photograph.

STICK
PICTURE
HERE

DETAILS OF APPLICANT:

Mr./Ms./Other (Specify) _____

First Name Middle Name Surname

ID/Passport/Birth certificate No ID Serial No

Nationality Gender Date of Birth

County District Division

Current Residence Mobile No

Email Address KRA Pin

Postal Address Postal code Town

Contact Person Name

Contact Person Mobile No Contact Person Address

EMPLOYMENT DETAILS:

Designation Employment Terms Employment Date

Postal Address Postal code Town

Mobile No Email Address

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 Of 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.....
 hereby authorize you to deduct Ksh: from my salary every month and pay to the Qwetu Savings and Credit Co-operative Society Ltd with effect from..... 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	MOBILE NO	RELATIONSHIP	%
1					
2					
3					
4					

SIGNATURE (as used in all banking transactions)

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

FOR OFFICIAL USE ONLY:

Recruited By _____ Signature _____ Date ___/___/___

Created By _____ Signature _____ Date ___/___/___

Verified By _____ Signature _____ Date ___/___/___

Authorised By _____ Signature _____ Date ___/___/___

QWETU SACCO LTD
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 Mezzanine floor, Tatecoh Building
 P.O Box 1186-80304 Wundanyi Market
 Cell: 0728957585 & 0728536169
www.qwetusacco.com

JOINT ACCOUNT OTHER SIGNATORY DETAILS:

2. Mr./Ms./Other (Specify) _____

First Name Middle Name Surname
ID/Passport ID Serial No
Nationality Gender Date of Birth
County District Division
Current Residence Mobile No
Email Address KRA Pin
Postal Address Postal code Town

3. Mr./Ms./Other (Specify) _____

First Name Middle Name Surname
ID/Passport ID Serial No
Nationality Gender Date of Birth
County District Division
Current Residence Mobile No
Email Address KRA Pin
Postal Address Postal code Town

4. Mr./Ms./Other (Specify) _____

First Name Middle Name Surname
ID/Passport ID Serial No
Nationality Gender Date of Birth
County District Division
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