

HEAD OFFICE
Mocha Place, Kisii, 4th Floor
Tel: + 2 5 4 1 1 5 7 6 3 5 7 2
P.O Box 912-40200, Kisii, Kenya
Email: info@scholarsacco.co.ke

**AFFIX
PHOTO
HERE**

MEMBERSHIP APPLICATION FORM

Please complete in full in **BLOCK** Letters. This form is complete when accompanied with two recent **COLOURED** Passports Photograph, Copy of ID and Copy of KRA PIN.

I hereby make an application for membership and agree to conform to the Cooperatives By-Laws and any amendment thereof.

SURNAME:	MIDDLE:	OTHERS
MR./MRS./MS./PST./REV./DR./PROF.	GENDER:	DATE OF BIRTH (DD/MMIYY)
MARITAL STATUS:	NATIONALITY:	ID/ PASSPORT
EMAIL ADDRESS:	PHYSICAL RESIDENCE:	MOBILE PHONE NO
POSTAL ADDRESS:	POSTAL CODE:	TOWN:
KRA PIN:	INTRODUCED BY (MHS NO)	MOBILE NO.

(To be completed by salaried applicants)

NAME OF EMPLOYER:	PIN NUMBER:	PHYSICAL LOCATION:
POSTAL ADDRESS:	TOWN:	MOBILE NUMBER:
POSITION HELD:	PAYROLL NUMBER:	PROFESSION:

BANK NAME	BRANCH	ACCOUNT NO.
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(To be completed by a business / Corporate / Group / Joint applicant)

NAME OF BUSINESS / GROUP: (as per registration certificate, copy of which is to be attached)	BUSINESS PHYSICAL LOCATION:
POSTAL ADDRESS:	POSTAL CODE:
TOWN:	EMAIL ADDRESS:
MOBILE NUMBER:	APPROXIMATE MONTHLY INCOME (KSHS):

Signatories to attach copy of their IDs, KRA PIN and two recent COLOURED passports.

Are you a member of any other Society? Yes ☐ No ☐

If Yes, Name:

NEXT OF KIN'S FULL NAMES:	ID NUMBER:	EMAIL ADDRESS:	RELATIONSHIP:	MOBILE NUMBER:
1.				
2.				
3.				
4.				

I / We confirm that the information given above is true to the best of my / our knowledge. By signing on this form, I / We request you to open an account in the name(s) provided. I / We agree to abide by the by-laws of this society. I / We have read and agreed to abide by the Terms and Conditions of this application.

I / We agree that this account shall be operated solely at the discretion of the society and hereby indemnify the society at my / our cost, against any cost incurred or claims arising out of the account.

I / We undertake to make contributions of Kshs..... on a monthly basis.

MODE OF PAYMENT YOU NEED TO BE CONSISTENT ON A MONTHLY BASIS	TICK APPROPRIATELY	BANKS	MPESA
EMPLOYER (CHECK OFF)			
STANDING ORDER			
LIPA NA MPESA:			
DIRECT DEPOSIT TO THE SACCO ACCOUNT AT CO-OPERATIVE BANK: 01100788782600.			

LIPA NA MPESA PROCEDURE FOR ENTRANCE FEE:

MPESA MENU → Select LIPA NA M-PESA → Select PAYBILL → Select ENTER business No. → Enter 400222 → For ACCOUNT ENTER: 1680913#full Names of Member → ENTER AMOUNT AND PRESS OK. The fund will go to Scholar Sacco Current Account at Co-operative Bank, Kisii Branch: 01120788752600

LIPA NA MPESA PROCEDURE FOR SHARE DEPOSITS:

MPESA MENU → Select LIPA NA M-PESA → Select PAYBILL → Select ENTER business No. → Enter 400222 → For ACCOUNT ENTER: 1687219#your full Names → ENTER AMOUNT AND PRESS OK. The fund will go to Scholar Sacco Savings Account at Co-operative Bank, Kisii Branch: 01100788782600

Signature(s): _____ Date: _____

Name of Witness (Must be society's Member) _____

Signature of Witness _____ MHS No. _____

How did you learn about Scholar Sacco?:

Sacco Member _____ Twitter _____ Facebook _____ Others _____

FOR OFFICIAL USE

Entrance / Registration fee of Kshs.5, 000 paid on Reference No.....

Date of Admission _____

Approved by Board Minute No: _____ Membership No. Allocated _____

Chairman _____ Signature _____

Treasurer _____ Signature _____

Secretary _____ Signature _____