



"Together we grow"

SULUHU SACCO SOCIETY LTD

MEMBERSHIP APPLICATION FORM

SULUHU SACCO PLAZA HEAD OFFICE

Mwingi Town, Kyuso road, adjacent to NCPB, Opposite IEBC Offices | P.O BOX 489-90400 Mwingi
 Tel: 0791 360 088 | Email: infosuluhusaccoltd.com | www.suluhusaccoltd.com

Please complete in BLOCK LETTERS. This form is complete when attached : Copy of National ID/Valid Kenyan Passport/Alien ID and a Copy of KRA PIN. I hereby make an application for membership and agree to conform to SULUHU SACCO SOCIETY LTD's By-Laws and any amendments thereof. <https://suluhusaccoltd.com/download/suluhusaccoby-laws/>

SECTION A : APPLICANT'S BIO-DATA

Date _____

Mr./ Ms. Others (Specify)	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Name (as per National ID):			
ID/Passport No:	Date of Birth:		
County:	Sub county :		
Postal Address:	Code:	Town:	
Primary Mobile Number:	Other Number:		
KRA PIN:	Email:		

SECTION B : OCCUPATION DETAILS

EMPLOYED <input type="checkbox"/>	SELF EMPLOYED <input type="checkbox"/>		
Employer Name	Business Line/Type		
Employer Address/Contacts	Business Name		
Designation	Business Location		
Work Station	Business Address:		
Payroll Number			
Terms of Employment Permanent <input type="checkbox"/>	Contract <input type="checkbox"/>	Temporary <input type="checkbox"/>	Other Specify <input type="checkbox"/>

SECTION C : OTHER SOURCES OF INCOME

Pension Income : <input type="checkbox"/>	Others (Please Specify):
---	--------------------------

SECTION D : REMITTANCES

Proposed Monthly Contributions:	Commencing the month of		
(Kes.) Amount in Words			
Proposed mode of remittances : Check Off <input type="checkbox"/>	Direct Debit <input type="checkbox"/>	MPESA <input type="checkbox"/>	Others (Specify) <input type="checkbox"/>

SECTION E : INTRODUCED BY

Please specify on how you came to know/ learn about the Sacco:	
Suluhu Sacco Staff: <input type="checkbox"/>	Staff Name: _____ Staff No. _____
Existing Member: <input type="checkbox"/>	Member Name: _____ Member No. _____
Others (Please Specify): _____	

SECTION F: APPLICATION TO OPEN SAVINGS ACCOUNT

I, Mr./Mrs./Miss/MS/Dr./Prof

Do hereby make an application to open Savings Account with SULUHU SACCO SOCIETY LTD.

TYPE OF ACCOUNT (Tick where Applicable)

FOSA SAVINGS A/C SUPER JUNIOR A/C GROUP A/C JOINT A/C

DIVIDENDS A/C HOLIDAY SAVINGS A/C

SECTION G: ATM SERVICES

Would you like to be issued with an ATM Card? YES NO

SECTION H: MOBILE BANKING

Would you like your Account to be connected to M-Banking Services? YES NO

If YES Enter the Phone Number to be connected

Indemnity Clause

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

Yours Faithfully

Full Name(s)

SIGNATURE DATE

NB: Attach a photocopy of your ID card

SECTION I : SPECIMEN SIGNATURE AND DECLARATION

I declare that all the particulars given by me are true. I confirm that I have read the terms and conditions governing the opening, operating and closure of membership and related e-channels of Suluhu Sacco Society Ltd and agree to be bound by them. I further unequivocally consent that my personal data, collected in connection with such terms and conditions , may from time to time be used and disclosed for such lawful purposes and to such persons as may be in accordance with the Suluhu Sacco’s prevailing Privacy Policy, and the relevant laws, as amended from time to time. For detailed terms and Conditions, visit <https://suluhusaccoltd.com/download/data-privacy-policy/>

Name: National ID: Mobile No.

SECTION J : FOR OFFICIAL USE ONLY

KYC verification and member interview done by:

Name: _____ National ID: _____ Signature _____

Details confirmed by: _____ National ID: _____ Signature _____

Data Captured By: _____ Signature: _____ Date: _____

System Approval By: _____ Signature: _____ Date: _____

Assigned Member Number: _____

Member’s File Opened By: _____ Signature: _____ Date: _____