

SERIAL No.



SULUHU SACCO
"Together we grow"

SULUHU SACCO PLAZA HEAD OFFICE

Mwingi Town, Kyuso road, adjacent to NCPB,
Opposite IEBC Offices | P.O BOX 489-90400 Mwingi
Tel: 0794 056 489 | Email: infosuluhusaccoltld.com
Website: www.suluhusaccoltld.com

suluhu Sacco Ltd @suluhusaccoltld

SULUHU SACCO SOCIETY LTD

MEMBERSHIP APPLICATION FORM

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.

SECTION A : APPLICANT'S BIO-DATA

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

SECTION B : OCCUPATION DETAILS

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

SECTION C : OTHER SOURCES OF INCOME

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

SECTION D : REMITTANCES

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

SECTION E : INTRODUCED BY

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

SECTION F: APPLICATION TO OPEN SAVINGS ACCOUNT

I do hereby make an application to Open FOSA Account (s) With SULUHU SACCO LTD

TYPE OF ACCOUNT (Tick where Applicable)

Account Name:

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

DIVIDENDS A/C ☐ HOLIDAY SAVINGS A/C ☐ SAVERS 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

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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, Savings Account 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.

Full Name(s)

SIGNATURE DATE
ID NO

SECTION J : FOR OFFICIAL USE ONLY

KYC Verification and member Interview done by:

Name ID signature

Data Captured by Signature Date

System Approval by Signature Date

Assigned Member Number

FOSA ACCOUNT Introduced by Signature Date

FOSA Account Opened by signature Date

FOSA Account Authorized by signature Date

FOSA Account Number

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Member File Opened By: Signature Date