ARDHI SACCO SOCIETY LTD

P. O. BOX 28782-00200
NAIROBI
E-mail info@ardhisacco.com

Ardhi Sacco Society Ltd
Ardhi Kwa Ustawi

Mobile : 0709252100 / 0730725000
Website: www.ardhisacco.com

Date……..……….20……………

(Licensed Deposit taking SACCO)

PART 1

APPLICATION FOR MEMBERSHIP

APPLICANT'S DETAILS

Name…. ……… ………………………………………...... Date of birth...............………….…………………..….......

Gender ………………………………………................... Terms of Service...

Employer……………………………………………......... Department………...……………………….…………

Official Designation…………………………………….... Payroll No......……………………………...…...……….

County ……………………………..…..…………..…….. Station……………………………………………………..

Present Address....…………………………...………… Home County………………………………….…….

Home Address..……………………………….…..…….. E- mail Address …………………………..…….……..

ID/No…………………........……………....…...…………….. Mobile No……………………………………………...

Signature………………………………...…..……………... Pin No………..…………………….....………………

PART 11

FOR SELF EMPLOYED ONLY

Nature of Business…............………………………………… Licence No………………………..…...…………

Banker's Name………………………………………….……... Account No...……………..…………......................

Branch……………………………………………….………........ Pin No………………………………….............

REFEREE

Name…...............………………………………………................... M/NO..........................……………..……........

Occupation…………………………………...……................... ID/No....……………………….………….........

Physical Address……………………………….....…………..... Mobile No.………………………......................

Period known to the applicant……………………….................. Date..

Signature..............……………………………….........................

ATTACH COPY OF ID CARD/ PIN CERTIFICATE/TWO PASSPORT SIZE PHOTOS AND IN ADDITION FOR SELF EMPLOYED, ATTACH BUSINESS LICENCE/SIX MONTHS CURRENT BANK STATEMENT.

PART I11

AUTHORITY TO DEDUCT FROM SALARY

I authorize the society to effect deductions as stated below:-

Entrance fee (Ksh.1,000 once)……	
Monthly Deposit contribution (Minimum 3000).	
Monthly Risk Insurance Fund @ 350 ……	
Total	

Signed…… Date…….……...20…….…….

PART 1V

AUTHORITY TO OPEN FOSA A/C (MANDATORY)

I hereby authorize you to open an account with FOSA Bank to process all my payments with the Society.

Sign…… Date……..

NB: It is a requirement that every member should open an A/C with FOSA.

PART V

FOR OFFICIAL USE

A: Registry Section

Membership Register No…… Date of Admission…….....

Entered By……Card Issued By…….

Checked by……. Signs……....

B: Data Section:-

Deduction effected from……..20…….....

Effected by……Signs ….……...……

Checked by……... Signs……..……....

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(Licensed Deposit taking SACCO)

CELL: 0730725000/0722209851
0735337725/0780337725
0712608255
TEL. NO.0202644888

Date……

"Confidential"

NOMINATED NEXT OF KIN/S

APPLICANT'S PARTICULARS

Name…….

Employer……. Department……

Personal No…… ID/No……

Official designation…… Mobile No……....

Present Address…….. Email Address……...

I, the undersigned, in the event of death, hereby instruct the Society to pay all my dues, less any debt(s) to the person/persons here below nominated as next of kin/s.

(a) Next of Kin name……

Relationship to applicant…….. ID/No……...

Address of Nominated Next of Kin……..... Mobile. No.……

E-mail address of Next of Kin……..

(b) Next of Kin name……...…….

Relationship to applicant…….. ID/No……...

Address of Nominated Next of Kin…….Mobile No.……..

E-mail address of Next of Kin……..

(c) Next of Kin name……...…….

Relationship to applicant…….. ID/No……...

Address of Nominated Next of Kin…….Mobile No.……..

E-mail address of Next of Kin……..

Sign…… Date……

Nominated next of kin entered by:-…… Date:-……..

Checked by:-……... Date:-……..