ECOBIZ SACCO LTD

savings today for tomorrow

MEMBERSHIP APPLICATION FORM

Member No. .....

ATTACH A COPY OF ID/PASSPORT AND 2 PASSPORT SIZE PHOTOS

1. APPLICANTS PERSONAL INFORMATION

I hereby make an application for membership of the society and agree to abide by the By-Laws and/or any amendments that there of

LAST NAME ..... FIRST NAME ..... OTHERS .....

DATE OF BIRTH ..... ID/PASSPORT No. ..... MARITAL STATUS .....

EMPLOYER ..... DATE .....

OFFICIAL DESIGNATION ..... PAYROLL NO ..... PROFESSION .....

TERMS OF SERVICE ..... NATIONALITY .....

MOBILE No. ..... EMAIL .....

CURRENT ADDRESS ..... CODE .....

2. NOMINATED NEXT OF KIN

I, the undesigned, in the event of my death, whilst a member of the society, hereby instruct the society to pay all amounts due to me less any debts to the society, to the person(s) named in this section. I understand that I may alter the name of the nominated next of kin by filling in a subsequent next of kin form.

NAME	RELATION	% OF DEPOSITS	ID No.	MOBILE No.

3. DECLARATION OF PAYMENT

I hereby agreed to conform to the Society's by laws and policy and amendment thereof: I further confirm;

Type of regular income: ☐ Salary ☐ Business ☐ Pension ☐ Others (Specify) .....

Mode of remittance: ☐ Check off ☐ Standing Order ☐ Cash Deposit ☐ Others (Specify) .....

Monthly Deposits: SACCO Deposits Ksh. ..... with effect from the month of ..... 20 .....

Given under my hand this ..... day of ..... 20..... Applicant Signature .....

4. FOR OFFICIAL USE ONLY

I certify that above information as per attached documents and do recommend membership.

Information Officer ..... ID No. .....

Signature ..... Date .....

HEAD OFFICE:
Furaha Plaza, 5th floor, Nkrumah Road, Mombasa

NAIROBI BRANCH:
South B, Kapiti Road, Golden Gate Drive, House No. 550

ELDORET BRANCH:
Daima Towers 19th Floor, Along Uganda Road, Eldoret

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