MBATIAN SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD.
P.O. BOX 35-10400, NANYUKI,
TEL:0112-281-263
EMAIL:mbatiansaccolimited@gmail.com
MAKING DREAMS A REALITY

MEMBERSHIP APPLICATION FORM

Requirements

(i) Copies of National Identity Card / Passport.
(ii) Kshs 5,000, Share capital
(iii) Kshs 1,000, Account opening charges

A. APPLICANT'S PERSONAL DETAILS

Full Name (as per ID): _____

National ID / Passport No.: _____

Date of Birth: ____ / ____ / _____

Gender: [ ] Male [ ] Female

KRA PIN: _____

Phone Number: _____

Email Address: _____

Postal Address: _____

Physical Address / Residence: _____

B. EMPLOYMENT / BUSINESS INFORMATION

Employer / Business Name: _____

Department / Position: _____

Work Telephone: _____

Work/Business Address: _____

Employment Status: [ ] Permanent [ ] Contract [ ] Self-Employed [ ] Other

C. NEXT OF KIN DETAILS (Beneficiary)

Full Name: _____

Relationship to Applicant: _____

ID/Passport No.: _____

Phone Number: _____

Postal / Physical Address: _____

D. SAVINGS & CONTRIBUTION DETAILS

Monthly Contribution Amount: KSh _____

Mode of Contribution:

[ ] Payroll Deduction

[ ] Bank Standing Order

[ ] Mobile Money

[ ] Direct Deposit

Preferred Account Type:

[ ] Savings Account

[ ] Jipange Account

E. DECLARATION BY APPLICANT

I hereby apply for membership in Mbatian Sacco Limited.

I certify that the information provided is true and accurate.

I agree to abide by all SACCO bylaws, policies, and regulations.

Applicant's Signature: _____

Date: ____ / ____ / _____

F. FOR OFFICIAL USE ONLY (SACCO OFFICE)

Membership No.: _____

Date Received: ____ / ____ / _____

Reviewed by: _____

Signature: _____

Approval Status: [ ] Approved [ ] Deferred [ ] Rejected

Comments: _____

Authorized Officer Signature: _____

Date: ____ / ____ / _____