



No.

MEMBERSHIP APPLICATION FORM

EGERTON UNIVERSITY SACCO SOCIETY LIMITED

P. O. BOX 178, EGERTON. TEL/FAX 0722144734/0733999002 Email: info@egertonuniversitiesacco.coop

Website: www.egertonuniversitiesacco.coop

PART 1: PLEASE PROVIDE THE FOLLOWING MANDATORY DOCUMENTS: -

1. Form to be completed as appropriate using block capital letters
2. Attachments: (a). Photocopy ID both sides (b). Duly filled nominee Card
 (c). Current Original pay slip (d). Appointment letter
 (e). PIN certificate (f). Business certificate/Permit.
 (g). Passport photo.

**Attach Group
Pass Port Photo**

PART 2: PERSONAL DETAILS:

Salutation	Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others..... <input type="checkbox"/>				
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>				
First Name (as Indicated in your ID)		Middle Name		Last Name	
ID No./Passport No.		Date of Birth (dd/mm/yy)		E-Mail addresses	
Present address		Mobile No.		Home/Permanent address	
County		Sub-county		Location	Marital status
Have you been a member of Egerton University Sacco Before? Yes <input type="checkbox"/> No <input type="checkbox"/>				NEXT OF KIN DETAILS: Card Attached Nominee Card Serial No:.....	

PART 3: EMPLOYMENT DETAILS (To be completed by an employed applicant:)

Employer Name	Work station	Department
Employer Address	Position in employment	Date of Employment
Payroll No.	Terms of employment (Permanent & Pensionable <input type="checkbox"/> Permanent with Service gratuity <input type="checkbox"/> Contract <input type="checkbox"/> Casual <input type="checkbox"/>	

PART 4: BUSINESS DETAILS (To be completed by a Business applicant):

Business Name	Business Location	Type of Business
Business Address	Period of Business	Approximate Monthly income

PART 5: MODE OF REMMITANCE AND COMMITMENT:

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

Mode of Contribution: Check off Cash deposits Standing order Others (Specify).....

Monthly Deposits: SACCO Share Deposits Kshs.....

FOSA Account Savings KShs..... (For employed applicants)

With effect from (dd/mm/yy)..... Until further notice.

The first contribution of Kshs. 10,000 will go towards purchase of Mandatory, minimum Share Capital raised within six months as prescribed in the Membership Policy and a Share Certificate will be issued thereafter.

PART 6: SPOTCASH MOBILE BANKING REGISTRATION:

Kindly register me on Mobile Banking: Yes No

Mobile Phone No.

(a) Registered Safaricom number:

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Services Available:

Banking: Savings balance enquires, Loan balance enquires, Loan Application status enquires, PIN change.

Alerts: Loan Application Status, Guarantor alerts, Fosa Loan Disbursement Alerts, Overdue loan repayments Safaricom Airtime from FOSA.

M-PESA: Loan repayment & savings/shares contributions, FOSA to Mpesa withdrawal service, Inter account transfers. *I accept and agree to be bound by the conditions of use. I agree that I am liable for all charges incurred through the use of this facility. I hereby indemnify the Sacco against all losses that may occur as a result of my use of the facility.*

PART 7: REFEREE (to be filled by the Member introducing the applicant):

I..... AC. NO..... Confirm that the applicant is well known to me and is my.....(Colleague, Associate, Wife, Husband, Son, Friend etc) and he/she is capable of independently operating an account as a member of Egerton University SACCO Society Limited.

Witness Signature..... Date.....

PART 8: APPLICANTS DECLARATION:

I hereby declare that the information given above is true and complete.

I agree to abide by the By-Laws of the Society, Membership Policy and other SACCO Policies and amendments thereof.

Applicants Signature..... Date.....

PART 9: FOR OFFICIAL USE ONLY: CHECKLIST:

Tick as appropriate

- 1. Photocopy ID both sides
- 2. Current Original pay slip
- 3. PIN certificate
- 4. Duly filled nominee Card
- 5. Appointment letter
- 6. Business certificate/Permit.
- 7. Pass port photo attached/Taken
- 8. Dully filled application form
- 9. Dully filled Nominee card

Form received and checked by Name -----Signature-----

PART 10: FOR OFFICIAL USE ONLY:

This application has been approved under the following Membership Category.

- Dhahabu Prime Accounts. Shaba Prime Accounts Biashara Prime Accounts
- Mpango Account Tumaini Account Taasisi Account

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

Member interviewed by Signature.....Date

Data captured by..... SignatureDate.....

Approved by..... Signature Date.....

Account No

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Activity.....

Member file opened by.....SignatureDate.....