

MEMBERSHIP APPLICATION

Date:(dd/mm/yyyy)						
This form must be submitted together coloured passport photo.	I and one					
		Photo Here				
I hereby make an application for mention the By-laws and any amendment there		form to				
Full Name:(dd/mm/yyyy)	Oc	ccupation:				
ID No:	KF					
		obile No 2:				
Email Address:						
Postal Address:	Postal Code:	Town:				
Area of residence:						
Signature: EMPLOYMENT DETAILS						
Name of Employer:						
	Designation:					
		Town:				
Date of Employment:						
Terms of Employment Permar	nent Contract	Casual				
If on contract, specify contract period	:	_ Expiry date:				
BUSINESS / SELF EMPLOYMENT I	DETAILS					
Nature/Type of Business:		Location:				
	Mobile:					
Email:						
Postal Address:	Postal Code:	Town:				

 $\underline{info@pesalinksacco.co.}$

How did you get to know about Pesalii	nk Sacco?							
Social Media Walk-in Friend/Colleague								
For Friend/Colleague Refferal,								
	ID No							
	none: Email Address:							
REMITTANCES TO THE SOCIETY								
I hereby undertake to pay Ksh	monthly to PesaLink Sacco Ltd until							
further notice.								
	D TO MAKE PAYMENTS TO THE SOCIETY A) Bank standing order Payroll deduction							
Membership fee of Kshs. 2,000 will be payable on presentation of this application.								
FOR OFFICIAL USE ONLY								
Account Number:								
Verified by:								
	Date							
Approved by:								
Signature	Date							

Date	. (dd/mm/yyyy)	_				
	COOPERATIVE SO	OCIETIES ACT	Г			
I				ID No	of	
P.O.E).Box		Mobile No		member of	
	ink Sacco Society Ltd; bei it my shares, deposits, sav	_	_			
	Name of Nominee(s)	Relationship	ID No	Mobile No	% of Shares /Savings / Deposits /Interest	
1						
2						
3						
4						
NOTE	E: For minors ensure you in	ndicate a guardiar	n(s) with their m	obile and ID nun	nbers	
Witne	essed by:					
(1)	•				D No:	
	Address:	ddress:		Si	Signature:	
(2)	Name:			ID No:		
	Address:		Mobile No:	Signature:		
Given	under my hands this	day of	20			
Memb	per's Signature			_		