JACHIN NWDT SACCO SOCIETY LTD

HADADA GARDENS

Kindaruma Road – Off Ngong Road

P. O. BOX 12502-00400, Nairobi Kenya

Email Address: jachinsacco@gmail.com / info@jachinsacco.co.ke

Website: www.jachinsacco.co.ke

TEL: 0710 995 995

MEMBERSHIP APPLICATION FORM M. NO:

Complete the details and attach the following documents:

1. Copy of Applicant's National ID Card/Passport
2. Passport-size photograph
3. Copy of KRA PIN Certificate
4. Copy of Nominee's ID/Passport/Birth Certificate (if a minor)
5. Registration Fee – Kes 2,500
6. Letter from Employer confirming employment and undertaking to remit monthly contributions

APPLICANT DETAILS

Full Name (Mr./Mrs./Miss): _____

Gender: _____ Date of Birth: _____

Marital Status: _____ ID/Passport No. _____

PIN No. _____ Email Address: _____

Physical Residence: _____Mobile No.: _____

Postal Address: _____Postal Code: _____

Town/City: _____

EMPLOYMENT DETAILS (*To be completed by salaried applicants)*

Employer's Name: _____

Physical Location: _____

Payroll No.: _____Terms of Service: _____

Position Held: _____Town/City: _____

Telephone No.: _____

IF SELF EMPLOYED (*To be completed by business applicants)*

Business Name: _____ Physical Location: _____

Postal Address: _____Nature of Business: _____

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NEXT OF KIN DETAILS

Name of Next of Kin: _____

Relationship to Applicant: _____ID No.: _____

Address: _____

Mobile No.: _____

NOMINEE / BENEFICIARY DETAILS

In the event of my death while a member of the Society, I instruct the Society to pay all amounts due to me, less any debts owed to the Society, to the person(s) named below.

Full Names	ID Number	Email Address	Relationship	Telephone No.	Allocation (%)

Note: Total allocation percentage must equal 100%.

DECLARATION

I confirm that the information provided above is true and correct to the best of my knowledge. I hereby apply for membership in the Society and agree to abide by the Society's By-Laws, policies, terms & conditions and any amendments thereto.

Applicant's Name: _____

Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____ Date: _____

Introduced By: Name _____Signature_____

FOR OFFICIAL USE ONLY

Date of Admission: _____

Membership Fee paid (Kes)_____Date Paid_____

Captured By: _____Signature_____Date _____

Approved By: _____Signature_____Date_____