

**CS/1926 USHURU SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED.**

**P.O BOX 52072,**

**NAIROBI**

**TEL 719660**

**APPLICATION FOR MEMBERSHIP AND ADMISSION ( BY-LAW NO. 8 AND 9)**

**CONFIDENTIAL**

I wish to apply for membership in Ushuru Savings and Credit Co-operative Society Limited and further pledge to abide by the By-Laws/or any amendment/s thereof of the said Society.

**Personal Information.**

**NAME** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **PERSONAL NO.** \_\_\_\_\_

**I/D NO.** \_\_\_\_\_ **TEL. NO/MOBILE NO** \_\_\_\_\_

**DESIGNATION** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**EMPLOYER AND ADDRESS** \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF WITNESS \_\_\_\_\_ SIGNATURE \_\_\_\_\_

THIS MEMBER HAS BEEN RECRUITED BY:

MR/MRS/MISS \_\_\_\_\_

PERSONAL NO \_\_\_\_\_

FOR OFFICIAL USE:

- (l) The Branch recommends/do not recommend membership

\_\_\_\_\_  
SECRETARY

- (i) The application for membership is approved/not approved by the central management committee

\_\_\_\_\_  
Date \_\_\_\_\_

SECRETARY

HQ/REGISTRY: MEMBERSHIP Fee paid vide receipt no.....of.....

Membership No. is.....



**USHURU CO-OPERATIVE SAVING'S & CREDIT SOCIETY LIMITED**

**NEXT OF KIN FORM**

Member's Name.....Personal No.....

Membership No.....Date Of Birth .....

Employer & Address.....Designation.....

County..... Home District.....

Division:..... Location:.....

Sub - Location.....

Nominee(s) / Next of KIN

No	Full Names	Relationship to Member	Percentage of allocation	ID	Postal/ Fmail/ Telephone address

MEMBER'S SIGNATURE.....Date.....

Witnessed by:

No	Full Names	PF NO/ID NO	Signature	Date
1				
2				

This nomination cancels any other nomination given by me previously

FOR OFFICIAL USE ONLY

Form received by:.....Designation .....

Is this form correctly filled ..... Signature.....

Date.....

The National Secretary,  
Ushuru Savings & Credit Co-operative Society Ltd.,  
P.O Box 52072,  
**NAIROBI.**

**CHECK-OFF-SYSTEM: NORMAL/ NEW PRODUCTS.**

1. I, the under mentioned, do hereby request you to pay a total sum of Kshs.  
.....(in words) (Kshs.....) to Ushuru Sacco Ltd., for  
Credit to my account as follows:-

- |                               |                                |
|-------------------------------|--------------------------------|
| 1. Shares kshs.....           | 7. Investment Savings Account: |
| 2. Main Loan kshs.....        | (i) School Fees Account.....   |
| 3. Refinancing loan kshs..... | (ii) Holiday Account .....     |
| 4. Emergency loan kshs.....   | (iii) Medical Account .....    |
| 5. School fees loan kshs..... |                                |
| 6. Benevolent Fund Kshs.....  | 8. Entrance fee .....          |
- Dept/Ministry.....Contact.....

Commencing from.....day of.....201\_

2. The acknowledgement of the said society will be your full and efficient discharge.
3. This authority **cancels** any other authority given by me prior to this date in respect of the above society.

Name.....Signature.....

Personal File No..... Branch.....

Designation... ..Station.....

Account membership No.....

Dated this.....day of.....201\_



USHURU SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED  
M-SACCO MOBILE BANKING APPLICATION FORM.

DATE.....

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

Full Name..... Applicants ID NO.....

Employment Number .....Membership Number.....

Mobile Phone no(s)..... (Safaricom Number ONLY)

Email Address .....

I want to use M-SACCO on the following menu accounts:

- |  |   |
|--|---|
| <input type="checkbox"/> Investment Withdrawal   | <input type="checkbox"/> Loan Payment (Maximum Kshs 70,000) |
| <input type="checkbox"/> Sacco balance Enquiry   | <b><u>Information</u></b>                                   |
| <input type="checkbox"/> M-Sacco balance Enquiry | <input type="checkbox"/> Guarantors                         |
| <input type="checkbox"/> Sacco Payments          | <input type="checkbox"/> Next of Kin                        |

Please attach a copy of your national identification card. You MUST be registered with M-PESA to use the M-SACCO Service.

(\*346#) is charged Kshs 5 and each SMS's shall be charged a flat rate of Kshs 10 from M- Sacco Deposits Account. This amount shall be deducted from your account each time an SMS is sent.

**Declaration by the Applicant:**

I hereby apply for M-Sacco solution. I warrant you that the information given above is true and complete and I authorize you to make any inquiries necessary in connection with this application. I accept and agree to be bound by the conditions of use. I agree that I am liable for charges incurred through the use of this Facility. I hereby indemnify the Sacco against all losses that they may incur as a result of my use of the facility. I understand that the Sacco reserves the right to decline the application without giving reasons.

Applicants ID NO..... Signature:.....

**FOR OFFICIAL USE ONLY**

Verified By:\_\_\_\_\_ Date Verified:\_\_\_\_\_

Approved By:\_\_\_\_\_ Date Approved:\_\_\_\_\_