

NEW



REJOINING

## MEMBERSHIP JOINING FORM

### Personal Information.

First Name:	Middle Name:	Surname:	
Nationality:	ID/Passport No:	Date of Birth	KRA PIN No:

*(Attach ID Copy/Passport Copy)*

### Occupation

<input type="checkbox"/> Employed	<input type="checkbox"/> Self- Employed
Employer:	Type of Business:
Designation:	Job Type:
Employment/Pay roll No:	Industry:

### Contact Details

Mobile No	Residential Address
Email Address	Postal Address

### Next of kin nominees/Beneficiary details

No	Name(s)	Relationship to member	Allocation (%)	ID	Mobile Phone
1.					
2.					
3.					
4.					
5.					
6.					

### Transaction Channels Activation

<input type="checkbox"/> Activate FOSA (SASA) Account	FOSA Account No: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<input type="checkbox"/> Activate Transactions on Mobile	Preferred Mobile Transaction No (Safaricom No. Only):										
<input type="checkbox"/> Process Sacco link Debit Card (ATM)											
<input type="checkbox"/> Process Salary through FOSA	Payroll Center:										

I accept to comply with the Society's Terms of Use for the selected channels.

**Deduction Advise/Instructions**

<input type="checkbox"/> Check-Off/Pay roll	<input type="checkbox"/> Standing Order
Employer:	Occupation:
Entrance Fee (Kshs. 1,000 one-off):	Bank Name:
Shares (Min. of Kshs. 3,000): New Entrants (Min. of Kshs. 1,000 for 6 months)	Bank Account:
Risk Management Fund (RMF) (Min. of Kshs. 300):	Bank Branch:
Investment Savings (Voluntary):	Frequency (Monthly)
Commencement Date: _____/_____/_____	<input type="checkbox"/> Deduct Until Further Notice

**Communication**

I wish to be receiving communication from the Society via:

<input type="checkbox"/> Mobile/Telephone No		<input type="checkbox"/> Email Address	
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None (I don't want to receive any communication)

I will furnish the Society with the necessary changes from time to time.

**How Did you hear/learn about Ushuru Sacco?**

<input type="checkbox"/> Ushuru Member	Member Name:	Member No:
<input type="checkbox"/> Ushuru Staff	Staff Name:	Staff No:
<input type="checkbox"/> Social Media	Social Media Account:	<input type="checkbox"/> Other:

I wish to apply for membership in Ushuru Co-op Savings & Credit Society Limited and further pledge to abide by the By-laws/or any amendment/s thereof of the Society:

Name: \_\_\_\_\_

Authorized  
Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witnessed by: \_\_\_\_\_

Signature: \_\_\_\_\_

Attach Passport photo

**FOR OFFICIAL USE**

The Application for membership is:

APPROVED BY: \_\_\_\_\_ On: \_\_\_\_/\_\_\_\_/\_\_\_\_ Member No: \_\_\_\_\_

DECLINED BY: \_\_\_\_\_ On: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reasons for Decline: \_\_\_\_\_