

Attach passport  
photo here



## KABARAK UNIVERSITY SACCO LTD

P.O. Private Bag – 20157, KABARAK Tel.0745575767  
Email: info@kabaraksacco.co.ke  
Website: www.kabaraksacco.co.ke

### MEMBERSHIP APPLICATION FORM

Serial No:.....

**DULY FILL ALL THE BLANKS IN BLOCK LETTERS**

#### 1. APPLICATION FOR MEMBERSHIP

##### PERSONAL DETAILS

I hereby make an application for membership and agree to conform to the societies By-Laws and any amendment there

FULL NAME: MR/MRS/MISS.....

DATE OF BIRTH.....GENDER..... MARITAL STATUS.....

ID NO.....KRA PIN..... APPLICATION DATE.....

PRESENT ADDRESS.....

HOME ADDRESS.....PHONE NO.....

EMAIL.....COUNTY.....

DISTRICT.....LOCATION.....

SUB LOCATION.....

MONTHLY CONTRIBUTION.....

SIGNATURE OF APPLICANT.....

##### EMPLOYMENT DETAILS

EMPLOYER.....PAYROLLNO.....

OFFICIAL DESIGNATION.....TERMS OF SERVICE.....

DEPARTMENT.....

##### BANK DETAILS

BANK NAME.....BANK ACCOUNT NO.....

BANK BRANCH.....

##### MANDATORY REQUIREMENTS

Attach:

- a) Copy of National ID/ Passport.
- b) KRA Pin
- c) Passport photo

**Note: Registration fee is Ksh. 1,000 (NON-REFUNDABLE)**

**Share capital of Ksh.10, 000, which is NON-REFUNDABLE BUT TRANSFERABLE**

## 2. NOMINATED NEXT OF KIN

I, the undersigned, in the event of my death, whilst a Member of the society, hereby instruct the society to pay all amount due to me, less any debts to the society, to the person named on this section. The name of nominee can be given in a sealed letter. I understand that I may alter the name of the Nominated next of kin by filling a subsequent Nominated next of kin form.

1. NOMINATED NEXT OF KIN (FULL NAME)

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RELATIONSHIP TO THE APPLICANT.....

BIRTH CERT/ID NO.....

PHONE NO.....

SIGNATURE .....

2. NOMINATED NEXT OF KIN (FULL NAME)

.....

RELATIONSHIP TO THE APPLICANT.....

BIRTH CERT/ID NO.....

PHONE NO.....

SIGNATURE.....

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## 3. REFEREE DETAILS

REFEREE MEMBER NO.: .....

REFEREE ID NUMBER: .....

REFEREE NAME: .....

REFEREE MOBILE NUMBER: .....

REFEREE SIGNATURE .....

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## 4. FOR OFFICIAL USE ONLY

DATE OF ADMISSION TO MEMBERSHIP.....FIRST DEDUCTION DUE .....

MEMBERSHIP REGISTRATION NO.....

STAMP AND SIGNATURE