



STAKE KENYA SACCO SOCIETY LTD

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MEMBERSHIP APPLICATION FORM

SECTION A: FOR OFFICAL USE

SACCO Account No.:	Membership No:
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SECTION B: APPLICANT'S DETAILS

Surname:	Other Names:	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Date of Birth:	Marital Status:	Occupation:
County:	Sub-County:	Ward:

SECTION C: CONTACT DETAILS

Postal Address:	Postal Code:	Town/City:
Cell Phone:	Email:	Telephone:

SECTION D: IDENTIFICATION DETAILS

ID NO. (Attach Copy):	KRA PIN:
Passport No. (Attach Copy):	Expiry Date:

SECTION E: NEXT OF KIN DETAILS

Name:	Relationship:	ID No.:
Cell Phone.:	Email Address:	
P.O. Box:	CODE:	Town/City

SECTION F: EMPLOYMENT DETAILS

Name of Employer:	Payroll No.:
County:	Sub-County
Terms of Employment (Permanent/Contract)	Ward:
Expiry Date:	

SECTION G:SELF EMPLOYED

Name of Business:	Street/Building/Estate:
Office No.:	Nature of Business:

SECTION H: SOURCE OF FUNDS

Salary: <input type="checkbox"/>	Business: <input type="checkbox"/>	Pension: <input type="checkbox"/>	Others (Specify):
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SECTION I: ESTIMATED MONTHLY INCOME

0-20,000 <input type="checkbox"/>	20,001-50,000 <input type="checkbox"/>	50,001-100,000 <input type="checkbox"/>	100,001-200,000 <input type="checkbox"/>	Over 200,000: <input type="checkbox"/>
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MONTHLY CONTRIBUTION

Kshs.

Amount in Words :.....

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Resource together, borrow and develop

SECTION J: REFERRED BY

Name:					ID No:
Designation:	Member: <input type="checkbox"/>	Staff: <input type="checkbox"/>	Delegate: <input type="checkbox"/>	Director: <input type="checkbox"/>	Others:

SECTION K: DECLARATION

1. I/We confirm that information given is true to the best of my/our knowledge. By signing this form I/We request you to open an account in my/our name (s). I/We agree that I/We have read, understood and accepted the terms and conditions of this account, supplied separately, and agreed to be bound by them together with Sacco Legislations and any amendments thereof. I/We hereby authorize the Sacco to disclose any information relating to my/our account (s) to any Credit Reference Agency, any other Institution or third party as it deems necessary

Applicant Signature:	Date
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SECTION L: FOR OFFICAL USE**CUSTOMER CONFIRMATION CHECK LIST**

<input type="checkbox"/> Valid identification document obtained	<input type="checkbox"/> Customer contact information obtained
<input type="checkbox"/> Photographs obtained/captured	<input type="checkbox"/> Attached copies of ID card, Payslip, Utility bill passport size Photograph, Letter from Chief

CHECKED AND OPENED BY:

Name:	Signature:	Date
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VERIFIED BY:

Name:	Signature:	Date
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APPROVED AND ACTIVATED BY:

Name:	Signature:	Date:
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NOTE:

In the case of Natural persons, please attach a copy of National ID/Passport, copy of pay slip or introduction letter from employer or KRA PIN certificate and Filed Nominee Card.

In case of Artificial persons, please attach copy of registration certificate, copies of National IDs/Passports of directors, Articles of Association, of Memorandum of Association, KRA PIN for both the company and the directors and Minutes.

In case of persons from informal employment, a letter from Chief or Assistant Chief to be attached.