

NAROK GOLDEN CHANCE SACCO LTD.

P.O BOX 436 – 20500, Narok

TEL: 0714-445-446 e-mail:narokgoldenchancesacco@gmail.com

MEMBERSHIP APPLICATION FORM

I/we hereby make an application for membership to “NAROK GOLDEN CHANCE SACCO LIMITED” (Hereafter referred to as “the Society”) and agree to conform to the Society’s by-laws and any amendments and additions thereof.

A. CLUSTER APPLIED FOR :

Platinum ksh.100, 000 Gold ksh.50, 000 Silver ksh.25, 000
Bronze Ksh.15, 000 Premium Ksh.7, 500 Standard ksh. 1,000

B. PERSONAL DETAILS

FULL NAME I.D/PASSPORT.....
NATIONALITY..... COUNTY.....
POSTAL ADDRESS PHYSICAL ADDRESS.....
MARITAL STATUS TEL NO.....

C. BUSINESS DETAILS

BUSINESS NAME /NATURE OF BUSINESS..... REG NO.....
PIN NO..... BUSINESS LOCATION.....
BUSINESS STATUS (tick) Sole proprietorship Partnership (No).....
LOCATION TEL NO.....
Email:

D. FINANCIAL COMMITMENTS

My monthly Sacco contribution will be Ksh.....until otherwise advised in writing.
I have paid a non-refundable registration fee of Ksh.....to Narok Golden Chance Sacco.
APPLICANT SIGNATURE.....DATE.....

E. REFERREE RECOMMENDATION

I/We hereby recommend the above named to be a member of Narok Golden Chance Sacco Ltd and agree that the person recommended above meets the criteria.

Name:.....I.D No.....Tel No.....

Member No:Signature.....

F. NOMINATION OF NEXT OF KIN

I/We, the undersigned, in the event of death whilst being a member of the Society, hereby instructs the Society to pay all amounts due to me/us, less any debts to the Society, to the person(s) named in this section.

NOMINATED NEXT OF KIN(S) (Identification can be Birth Certificate/National ID or Passport, as applicable)

1. Name..... PASSPORT/ID.NO..... Relationship.....

Percentage..... Tel No:

2. Name..... PASSPORT/ID.NO..... Relationship.....

Percentage..... Tel No:

3. Name..... PASSPORT/ID.NO..... Relationship.....

Percentage..... Tel No:

4. Name..... PASSPORT/ID.NO..... Relationship.....

Percentage..... Tel No:

5. Name..... PASSPORT/ID.NO..... Relationship.....

Percentage..... Tel No:

N.B: For additional details attach an extra form

GUARDIAN NAME (For Minors)..... Tel No.....

APPLICANT'S NAME MEMBERSHIP NO: SIGNATURE.....

REQUIREMENTS FOR JOINING THE SACCO

- For business or group registration, you should have a registration certificate
- Include a photocopy of your ID, two passport photos
- Include a copy of ID for next of kin(s) or a birth certificate for minors

G. FOR OFFICIAL USE ONLY

VERIFIED BY.....SIGNDATE.....

APPROVED BY:

CHAIRMAN.....SIGNDATE.....

SECRETARY.....SIGNDATE.....

TREASURER.....SIGNDATE.....