

## MEMBERSHIP APPLICATION FORM

Attach  
Photo Here

Please complete this form in CAPITAL letters. All fields marked with asterisks are MANDATORY. I hereby make an application for membership and agree to conform to the Society's bylaws and amendments thereof.

### APPLICANTS DETAILS

FIRST NAME\* \_\_\_\_\_ MIDDLE NAME\* \_\_\_\_\_ LAST NAME\* \_\_\_\_\_

ID/PASSPORT NUMBER\* \_\_\_\_\_ PAYROLL NO.\* \_\_\_\_\_ EMPLOYER\* \_\_\_\_\_

GENDER\*: \_\_\_\_\_ DATE OF BIRTH (DD/MM/YYYY)\*: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Male  
 Female

POSTAL ADDRESS\*: \_\_\_\_\_ EMAIL\*: \_\_\_\_\_ TEL NO.\*: \_\_\_\_\_

COUNTY\*: \_\_\_\_\_ KRA PIN: \_\_\_\_\_

MODE OF REMITTANCE\* (tick where applicable)

<input type="checkbox"/> CHECK OFF	<input type="checkbox"/> DIRECT DEPOSIT	<input type="checkbox"/> EFT	<input type="checkbox"/> CASH/MPESA
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MONTHLY CONTRIBUTION AMOUNT (Kes)

### NEXT OF KIN DETAILS

I the undersigned in the event of my death whilst a member of the society hereby instruct the society to pay all amounts due to me, less my debts to the society, to the person(s) named in this section (The name(s) of the nominee(s) can be given in a sealed letter). I understand that I may alter the name(s) of the Nominated Next of Kin(s) by filling a fresh nomination form. N/B: if more than one nominee is listed, please indicate the percentage to pay each of them.

#### Beneficiaries\*

Full Name	ID No.	DoB	Tel. No.	Relationship	%	Postal Address



I agree that this account shall be operated solely at the discretion of TETIA SACCO and hereby agree to indemnify the TETIA SACCO at my/our cost against any loss or claims arising out of the account being closed by TETIA SACCO without notice due to unsatisfactory performance. I confirm that I have received, read and understood the bylaws of the TETIA SACCO, on this \_\_\_\_\_ day of \_\_\_\_\_ year 20\_\_\_\_ and which I accepted.

FULL NAMES: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SIGNATURE\***  
*(Should be used for all documents provided by the Sacco)  
Sign at the Centre of the Box*

**FOR OFFICIAL USE ONLY**

Member no. \_\_\_\_\_

- Customer Information Checklist
- Valid Identification documents obtained & authenticated
- Photographs Obtained/Captured and authenticated
- Customer Contact Information available
- Signature Obtained

Account Opened by (Name): \_\_\_\_\_ Signature: \_\_\_\_\_

Account Opened by (Name): \_\_\_\_\_ Signature: \_\_\_\_\_