



WAKARIMU SAVINGS & CREDIT CO-OPERATIVE SOCIETY LIMITED

HDQ: GIPACK BUILDING NEXT TO G4S OFFICE, MOLO | TEL: +254 720 11 75 88

BRANCH OFFICE: LYDIA ARCADE, NAKURU | TEL: +254 724 57 00 14

Email: wakarimu.saccoltd13625@gmail.com | www.wakarimusacco.co.ke

THE SECRETARY

APPLICATION FOR MEMBERSHIP

I,

Hereby make application for membership of WAKARIMU SACCO LIMITED and undertake to be bound by the Cooperative Society's ACT and rules, the Society's By-laws and regulations and decisions of the society's General meetings and Management Committee.

SECTION A: PERSONAL INFORMATION

Full Name:			
Nationality:		ID No./Passport No:	
Date of Birth:		Marital Status:	
Name of Spouse:		Occupation:	

SECTION B: CONTACT & RESIDENCE DETAILS

Current Postal Address:		Town:	
Mobile Number:		Telephone (Business):	
Post Code:		Email Address:	
Home Postal Address (Permanent):			
District of Origin:		Division:	
Location:		Sub-Location:	Village:

SECTION C: EMPLOYMENT INFORMATION

Employer:		Employer Address:	
Department / Section:		Terms of Employment:	
Date Employment Contract Entered Into:			
Contract Expiry Date:		Contract Renewal Date:	
Designation:		Payroll No.:	

SECTION D: BUSINESS INFORMATION (If Self-Employed)

Nature of Business:		Location:	
Date of Incorporation/Reg.:		Designation:	



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SECTION E: MEMBERSHIP CONTRIBUTION

- **Registration Fee:** KES 1,000.00 (payable upon admission)
- **Insurance Premium:** KES 50.00 per month
- **Minimum Monthly Contribution:** KES 1,000.00
- **Minimum Shareholding:** KES 10,000.00 (500 shares @ KES 20/=)

Monthly Deposit Amount (KES): _____

I,

_____ hereby declare that the information furnished is true and understand that this information shall form the basis of my Membership to the same society.

Applicant Signature:

Date:

Employer's Recommendation:

Date:

Employer's Signature / Rubber Stamp:

REFEREES (Must be Current SACCO Members)

1st REFEREE

Full Names: _____ ID No.: _____

Position in SACCO: _____ M/No: _____ Zone: _____ Centre: _____

Comment S: _____

Signature: _____ Date: _____

2nd REFEREE

Full Names: _____ Date: _____

Position in _____ M/No: _____ Zone: _____ Centre: _____



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SACCO:				
Comment				
S:				
Signature:				Date:



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Membership Fee Paid: KES 1,000/=

Minimum Share Paid: KES 1,000/=

Re-Entry Fee: KES 1,050/=

Insurance: KES 50/=

Application Considered On: _____

Application Approved/Rejected – Minute No.: _____

Chairman:

Signature:

Secretary:

Signature:

Date of Admission:

Officer:

Designation:

Signature:

SOCIETY RUBBER STAMP

Membership Number: _____

Date of Cessation: _____