APPLICATION FOR MEMBERSHIP AND ADMISSION MEMBERSHIP NO.....

I.....hereby make an application for membership and agree to abide to the Co-operative Societies Act and Rules, NCCI SACCO By-laws and any amendments made thereof and other SACCO policies.

(This form should be completed in BLOCK letters and attach Copy of ID, Passport photo and KRA Pin Certificate.)

A. APPLICANTS PERSONAL INFORMATION - NON-CHECK OFF

NAME OF APPLICANT (as in ID) …….....
ID/PASSPORT No.....
DATE OF BIRTH ……..……NATIONALITY…….....
P.O BOX…….....
EMPLOYER/BUSINES NAME……..……KNCCI Certificate No……
TYPE OF ORGANISATION/BUSINESS …….
PHYSICAL ADRESS……MOBILE No. ……..……..
E-MAIL.....

(Attach Business registration certificate and a copy of Chamber Certificate as appropriate)

B. APPLICANTS PERSONAL INFORMATION - CHECK OFF MEMBER

NAME OF APPLICANT (as in ID)…….....

PAYROLL NO……OCCUPATION……
TERMS OFSERVICE.....STATION/LOCATION……DEPT……
NATIONALITY .....
EMPLOYER.....
EMPLOYER'S ADDRESS .....
EMPLOYEE'S ADDRESS .....
MOBILE No.....
E-MAIL.....

(Attach Letter of Employment/Contract)

How did you get to know about NCCI SACCO? (Tick one)

Sacco website/social media ☐ Referral ☐ Others (please specify) ……

Contact: 020 8000823/0716 410423

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REFERRED BY (if applicable)

Member Name ……M/NO ……..
SIGNATURE……

DETAILS OF REFERRING MEMBER for above (item B) new member

I hereby confirm that the above named applicant is of good conduct and is known to me for..... years

NAME OF PRINCIPAL MEMBER.....M/NO.....
ID. No.……P.O BOX……...Code ……..…
Mobile No. ..... EMAIL…….
RELATIONSHIP TO APPLICANT……..……
SIGNATURE ..... DATE.....

A.NOMINATED NEXT OF KIN AND BENEFICIARY

I, the undersigned, in the event of my death, whilst a member of the NCCI SACCO society limited, hereby instruct the society to pay all amounts due to me less any debts to the society, to the person(s) named below. I am aware that I may alter the name of the nominated next of kin by filling in a subsequent Nominated next of kin Form.

Next of Kin

Name	Relationship	Id Number	Box Address	Mobile number	Email

Beneficiary

Name	Relationship	% of savings	Id Number	Box Address	Mobile number	Email

NCCI SACCO Expanding your Business together

B. AUTHORIZATION TO DEDUCT FROM SALARY/ COMMITMENT TO REMIT (Note: Kshs.1,000 non-refundable entrance fee will be charged in the 1st contribution)

I hereby authorize the deduction of/ commit to remit Ksh .....
with effect from the Month
Of…… 20 .....to be allocated as follows for ..... Months:

i. Entrance/Registration A/c Ksh. . . . . .
ii. Member Savings A/c Ksh.....
iii. Share Capital A/c Ksh. . . . . .
iv. Loan Repayment A/c Ksh.....
v. Other A/c (Specify) **Ksh** .....

Preferred mode of contribution for Non-checkoff applicants (tick box)

Standing ☐ Order Bank deposit ☐ Bank transfer ☐ Mpesa Pay bill ☐

C. MEMBER BANK/PAYMENT DETAILS

1. Account name.....
2. Bank Name.....
3. Account Number.....
4. Bank Branch.....

I hereby confirm that all the details provided above to support my application for membership in NCCI SACCO are true to the best of my knowledge.

D. MOBILE BANKING APPLICATION (Tick as appropriate)

Please Register Mobile banking: YES ☐ NO ☐

Preferred mobile number.....

By filling and signing this form, I authorize the Sacco to process and store my personal data for the purpose of membership application.

Signature.....

Date.....

Contact: 020 8000823/0716 410423

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WITNESSED BY: -

Name.....I.D……..……M/No.……...……Mobile.....

SIGNATURE.....DATE.....

FOR OFFICIAL USE

Received by: Name……..
Sign…….....Date…….

Approved / rejected by:

Name……...Sign…….Date……
. Member Number allotted

Rejected/Reason: ----------

Payment Details:

For registration fee, use pay bill number 4022905, account number is your ID number

For share capital and deposit contributions use USSD *657*32# or online portal https://nccisacco.com/

Contact: 020 8000823/0716 410423

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