**EMERGENCY LOAN & REPAYMENT AGREEMENT FORM MEMBERSHIP APPLICATION FORM**

**INSTRUCTIONS:**

P.O. Box 102697-00101, Nairobi, Kenya.

Kindly attach the following mandatory documents: **1. One copy of your ID/Passport. 2. One recent passport size photo (Write your name, ID number and signature at the back) 3. Current payslip.**

**4. KRA Pin.**

**PERSONAL DETAILS**

Name in full: \_\_\_\_\_FullName\_\_\_\_\_\_\_ (BLOCK LETTERS)

Employer: \_\_\_\_EmployerName\_\_\_\_\_\_ Re-joining the Sacco? □ Yes □ No

Employer location: \_\_\_\_EmploymentLocation\_\_\_\_ Terms of Service: \_\_\_Terms\_of\_Employment\_\_\_\_\_

If on Contract indicate when contract is terminating/Ending date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_DateofBirth\_\_\_\_ Marital Status: \_\_\_\_MaritalStatus\_\_\_\_\_\_ Sex: \_\_\_Gender\_\_\_

Mobile tel No.: \_\_\_\_Mobile\_Phone\_No\_\_\_\_ ID No.: \_\_\_\_\_IDNo\_\_\_\_\_ KRA Pin: \_KRAPIN\_\_\_

Bank Name: \_\_BankName\_\_\_\_\_\_\_

Account No.: \_\_\_BankAccountNo\_\_\_\_ Bank branch: \_\_\_BankBranchName\_\_\_\_

Current address: \_\_Address\_2\_\_ Code: \_\_PostalCode\_\_\_ Town: \_Town\_\_

Email address: \_\_EMailPersonal\_\_\_

**Share capital of Kshs. 15,000 (can be paid over a period of 6 months).**

**BENEFICIARY(Person(s) Designated to receive Funds/Benefits in the unfortunate event loss of life) /NEXT OF KIN** (To be contacted in case of emergency)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **ID No** | **Relationship** | **Phone No** | **Allocation (%)** |
| **Name** | **ID\_No\_** | **Relationship** | **Telephone** | **Allocation** |

# AUTHORITY TO MAKE DEDUCTIONS FROM SALARY

To the Chief Accountant: \_\_\_EmployerName\_\_\_ (Name organization)

Organization address: \_\_\_\_EmploymentLocation\_\_\_\_

I, \_\_\_\_FullName\_\_\_\_\_\_ hereby authorize you to deduct the sum of Kshs. \_\_\_\_MonthlyContribution\_\_\_\_\_\_ (Kenya Shillings) From my salary every month and pay to the

until further notice.

Signature of the member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee No.: \_\_\_PayrollNo\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FOR SPOUSES AND ADULT CHILDREN ONLY



Amount in words: Kshs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly contributions to be paid through (Tick appropriate).

□ □ Standing Order □ Cheque/Cash □ Mpesa

# THIS SECTION SHOULD BE FILLED BY MEMBER INTRODUCING THE SPOUSE, SON OR DAUGHTER

I\_\_\_\_RecruiterName\_\_\_\_\_\_\_

(Spouse, son or daughter) and he/she is capable of independently making regular monthly contributions as a member of Utabibu Sacco Ltd.

Signature of the member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FOR OFFICIAL USE ONLY

Recruited by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved by Board Minute No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SOURCES OF INCOME (FOR NON CHECK-OFF)

□ Employment Name of employer: \_\_\_\_\_\_\_EmployerName\_\_\_\_\_\_\_\_\_\_\_\_

□ Business Place of business: \_\_\_\_\_\_\_\_Physical\_Business\_Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Farming Type of farming: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other State: \_\_\_\_\_Others\_Details\_\_\_\_\_\_\_