



Biblia Housing Co-operative Society Ltd

Kamirembe Place, 1st flr, Adjacent to Eastlands Hotel, Ring Road, Kilimani. P.O. Box 7041-00300, Nairobi
Mobile: 0716-195054, 0721-393609, Email: biblia@housemail.com, Website: www.bibliasacco.com

Attach Photo

MEMBERSHIP APPLICATION

To: The Hon Secretary

I hereby make an application for membership and agree to confirm to the Housing's by-laws, policies and any amendments thereof.

N/B: PLEASE USE CAPITAL LETTERS TO FILL IN THIS FORM

PERSONAL DETAILS			
Full Name (As Per ID)			Title
Date of Birth	DD / MM / YYYY	Gender	Marital Status
ID / Passport No	Nationality		Tax PIN No.
Postal Address	Code	Tel or Mobile No	
E-mail Address			
Residential Address	Town	House No	
Home County	Home Sub County		
BUSINESS OR EMPLOYMENT DETAILS			
Employer's or Business Name			Position
Nature of Employment or Business			Work Station
Postal Address	Code	Tel or Mobile No	
Physical Address			Payroll No
BANK DETAILS			
I authorize Biblia Housing to pay all my future benefits and claims to the Bank Account below until advised otherwise in writing			
Account Name			
Account No	Account Type	(Current / Savings)	
Bank Name	Bank Branch		
PROPOSED CONTRIBUTION			
Monthly Employment & Business Income (A)	(Kshs)	Monthly Expenditure (B)	(Kshs)
Net Monthly Disposable Income (A - B)	(Kshs)	Proposed Contribution	(Kshs)
PAYMENT MODE OPTIONS			
Salary Check-Off	Payment Through Your Employer		
Cheque Payment to	BIBLIA HOUSING CO-OP SOCIETY LTD		
Direct Bank Deposit to	Account No	011-2020-1737-400	Account Name
	Bank Name	CO-OPERATIVE BANK	Branch Name
			PARLIAMENT ROAD, NAIROBI
Mpesa Deposit to	Paybill No.	6 8 5 6 2 2	Account / Ref No.
			FULL NAMES, MEMBERSHIP OR ID NO

N/b: Cash payment is NOT accepted, only use the above payment modes. Biblia Housing will not be liable for any cash given to staff, agent or broker.

BENEFICIARIES DETAILS

The name of the beneficiaries can be given in a sealed letter. You may alter list of beneficiaries by filling in a subsequent nomination form. Beneficiaries designated to receive total funds less any debts to the Housing in the unfortunate death of a member/applicant. At least one of the beneficiaries MUST be above 18 years.

Full Name (In the correct order)	Relationship	Allocation %	Mobile No.	ID or Birth Certificate No.
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Total 100%**APPLICANT'S DECLARATION**

I _____ (Full Name) _____ the applicant declare that;

1. This application is hereby made to Biblia Housing Co-op Society Ltd according to the Housing's terms and conditions.
2. The statements made in this application and in any other documentation submitted in connection with this application are complete, true and form the basis of the membership. I have checked those statements carefully and if there are any changes to the information in this form before or after the membership starts, I will inform Biblia Housing Co-op Society Ltd.
3. I recoverably authorize and request any organization or official who may be in possession of or hereafter acquire any information concerning my credit status to disclose such information to Biblia Housing Co-op Society Ltd.
4. The Housing may recover any expenses incurred, unpaid fees and loans if I terminate the application for membership.

Applicant's Signature _____

Date _____

This form needs to be returned to Biblia Housing Co-op Society Ltd with the following mandatory documents:-

- > ID / passport copy
- > KRA PIN certificate copy
- > One recent passport size photo
- > Bank Statement or ATM Card copy

REFEREE

I _____ (Full Name) _____ confirm that the applicant is well known to me and that he/she is capable of independently operating an account as a member of Biblia Housing Co-op Society Ltd.

Tel or Mobile No _____

E-mail Address _____

Relationship to Applicant _____

Employer _____

Referee's Signature _____

Date _____

FOR THE HOUSING SOCIETY'S OFFICIAL USE ONLY

Introduced By _____

Signature _____

Date DD / MM / YYYY

Approved By _____

Signature _____

Date DD / MM / YYYY

Input & Filed By _____

Signature _____

Date DD / MM / YYYY

Date of Admission _____

DD / MM / YYYY

Membership No. _____