



Biblia Sacco Ltd

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Pooling together

CONFIDENTIAL SAVINGS REGISTRATION FORM

PLAN NO.

*INTEREST PAYABLE

*SCHOOL FEES

*HOLIDAY

*RETIREMENT

*(Tick Appropriately)

A. PERSONAL INFORMATION

- | | |
|-------------------------------------|---|
| 1. Member's name _____ | 7. Present net income per month Kshs.: _____ |
| 2. Member's address _____ | Monthly expenditure Kshs.: _____ |
| 3. Payroll number _____ | 8. Position in employment: _____ |
| 4. Member's number _____ | 9. Terms of service <input type="checkbox"/> Permanent <input type="checkbox"/> Contract |
| 5. Work station _____ | 10. Position in the society <input type="checkbox"/> Committee <input type="checkbox"/> Officer <input type="checkbox"/> Member |
| 6. Employer's Mailing Address _____ | 11. Member's Mobile & Email: _____ |

B. PLAN DETAILS

I _____ hereby offer to contribute.

Registration Fee _____

(amount in words) _____

one off contribution of Kshs. _____

(amount in words) _____

for a period of _____ months.

Monthly contributions of Kenya Shillings _____

(amount in words) _____

Starting From _____ and Ending on: _____

Redemption time/Date: _____

*(Members should submit a claim one month after the last contribution month)

- C. I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the by-laws of the Society and any variations by the Credit Committee, in respect of Section B above. I hereby authorise the necessary deductions, to be made from my salary as contribution to this plan.

Name _____ Payroll No. _____

Physical Address _____

Signature _____ Witness Name _____

Date _____ Signature _____

I. EMPLOYER'S CONFIRMATION

The applicant is employed by (unit) _____
Subject to rules and loan policy of the Society I _____
endorse the saving plan for the employee/ member.

Signature _____ Designation _____
Address _____ Official Stamp: _____

THE APPLICANT MUST ATTACH THE CURRENT PASSPORT PHOTOGRAPH, ID CARD AND PIN CARD.

2. **NOMINATED NEXT OF KIN**

I the undersigned, in the even of my death, whilst a member of the saving plan, hereby instruct the society to pay all amount due to me less any debts to the society to the person named in this section. (The name of nominee can be given in a sealed letter.) I understand that I may alter the name of the nominated next of kin by filling in a subsequent nominated next of kin form.

NOMINATED NEXT OF KIN (FULL NAME).....

.....

RELATION TO THE APPLICANT..... ID No

ADDRESS OF NEXT OF KIN

WITNESS

Name and signature

Signature of Applicant

3. **FOR SOCIETY USE ONLY**

(A) DATE OF ADMISSION TO THE PLANFIRST DEDUCTION / PAYMENT DUE.....

PLAN REGISTRATION No. RECORDED BY MANAGEMENT COMMITTEE

CHAIRMAN'S SIGNATURE MINUTES No./DATE

(B) DATE OF WITHDRAWALDATE TO REFUND.....

RECORDED BY MANAGEMENT COMMITTEE

CHAIRMAN'S SIGNATURE MINUTES No. / DATE