



# ZOGHORI SACCO SOCIETY LTD

TILU-BILU BUILDING  
1ST FLOOR, LET WING  
ALONG DIGO ROAD  
OPP. G.P.O. (HUDUMA CENTRE)

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**"Save Regularly, Borrow Wisely, Repay Promptly"**

## CLASS A MEMBERSHIP APPLICATION FORM

I hereby apply to be considered for enrolment in ZOGHORI SACCO SOCIETY LTD with effect from.....and agree to conform to the Societies' By-laws and any amendments thereof.

### 1: PERSONAL PARTICULARS

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ I D/PASSPORT NO \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

POSITION : \_\_\_\_\_ PHYSICAL ADDRESS \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CURRENT ADDRESS \_\_\_\_\_

TELEPHONE NO : \_\_\_\_\_ MOBILE NO \_\_\_\_\_

EMAIL: \_\_\_\_\_

SOURCE OF FUNDS: SALARY ☐ PENSION ☐ OTHERS (SPECIFY) \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### 2. NOMINATED NEXT OF KIN

I, the undersigned, in the event of my death whilst a member of the society, hereby instruct the Society to pay all amounts due to me less any debts to the society, to the person named in this Section. I understand that I may alter the name of nominated Next of Kin by filling in a subsequent Nominated Next of Kin Form. (The name of your nominee can be given in a sealed envelope.)

NAME/S	ID/BIRTH CERT	RELATIONSHIP	ADDRESS/MOB.NO	%

WITNESS NAME: \_\_\_\_\_ MEMBER NO: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### 3. ACKNOWLEDGEMENT

***I hereby acknowledge receipt of the SACCO BY-LAW and the MEMBERSHIP POLICY GUIDANCE BOOKLET and I confirm the conditions and guidelines have been well explained to me and that I understands the contents hereof and I accept the terms of the document for the time in force. I also accept that the terms of this document may change and that I shall be bound by such changes as are communicated to the members from time to time.***

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ZOGHORI SACCO SOCIETY LTD

***"BUILDING ONE ANOTHER"***

**4. REFEREE (To be filled by the member introducing the applicant)**

I \_\_\_\_\_ MEMBER NO \_\_\_\_\_ Confirm that the applicant is my \_\_\_\_\_ (wife/husband, son, daughter, Colleague, Associate etc.) and he / she is capable of independently operating an account as a member of ZOGHORI SACCO SOCIETY LIMITED.

REFEREE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**5A. FOR SOCIETY USE ONLY**

ENTRANCE FEE (KSHS. 2000) PAID ON: \_\_\_\_\_ RECEIPT NO \_\_\_\_\_

DATE OF ADMISSION \_\_\_\_\_ MEMBERSHIP REG. NO \_\_\_\_\_

APPROVED BY MANAGEMENT COMMITTEE MEETING OF \_\_\_\_\_

OFFICIAL'S NAME/DESIGNATION, MR/MRS/MISS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**B.**

DATE OF WITHDRAWAL \_\_\_\_\_ DATE OF REFUND BY MANAGEMENT

COMMITTEE \_\_\_\_\_ VOUCHER/CHEQUE NO \_\_\_\_\_

MINUTES NO \_\_\_\_\_ DATE \_\_\_\_\_

CHAIRMAN'S SIGNATURE \_\_\_\_\_ TREASURER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**ALL PAYMENTS BE MADE DIRECT TO ZOGHORI SACCO LTD BANK ACCOUNTS**

- **CO-OPERATIVE BANK, NKRUMAH BRANCH A/C NO; 01100079105900**
- **KCB, MVITA BRANCH A/C NO; 1107341914**

NB; FOR M-PESA BANKING USE **PAYBILL NO. 525336** AND ENTER **YOUR NAMES AS THE ACCOUNT NUMBER**

REGISTRATION FEE	1000/=
MINIMUM SHARES (25 X20)	500/=
CONSTITUTION/BY-LAWS	300/=
MEMBERSHIP CARD FEES	100/=
MEMBERSHIP POLICY	100/=
TOTAL	<b>2,000/=</b>

**NOTE:**

- **PLEASE ATTACH ONE COPY OF I.D FOR APPLICANT AND ID/BIRTH CERTIFICATE COPY OF NEXT OF KIN**
- **ONE COLOURED PASSPORT SIZE PHOTO.**
- **WE DO NOT RECEIVE CASH IN THE OFFICE, ONLY BANK SLIPS AND MOBILE BANKING TRANSACTION MESSAGES.**

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