



ZOGHORI REGULATED NON-WDT SACCO SOCIETY LTD

TILU BILU BUILDING
1ST FLOOR LEFT WING
ALONG DIGO ROAD
OPP. G.P.O POSTA

P. O. BOX 86838-80100, MOMBASA
TEL : 0720 615 062 / 0731 273 560
Email: info@zoghorisacco.com
zoghorisacco@yahoo.com
Website: www.zoghorisacco.com

"Save Regularly, Borrow Wisely, Repay Promptly"

ZOGHORI SACCO MEMBERSHIP APPLICATION FORM

I hereby apply to be considered for membership of Zoghori Regulated Non-WDT 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: _____ ID/PASSPORT NO _____

NAME OF EMPLOYER: _____ DEPARTMENT _____

POSITION: _____ PHYSICAL ADDRESS _____

HOME ADDRESS: _____ CURRENT ADDRESS _____

MOBILE PHONE NO: _____ OTHER MOBILE PHONE NO _____

KRA PIN _____

MARITAL STATUS: SINGLE ☐ MARRIED ☐ WIDOW ☐ WIDOWER ☐ DIVORCED ☐

EMAIL: _____

SOURCE OF FUNDS: SALARY ☐ PENSION ☐ OTHERS (SPECIFY) _____

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	PHONE/MOBILE NO.	%

APPLICANT'S SIGNATURE: _____ DATE _____

WITNESS' NAME: _____ MEMBER NO _____ SIGNATURE _____

3. ACKNOWLEDGEMENT: I hereby acknowledge that I have read and understood, to the best of my capacity, the SACCO BY-LAWS and the MEMBERSHIP POLICIES and I confirm the *conditions and guidelines are properly outlined and explained* and that I accept the terms of the documents for the time in force. I also accept that the terms of these documents 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 _____

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

I _____ of 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 REGULATED NON-WDT SACCO SOCIETY LIMITED.

REFEREE'S SIGNATURE _____ DATE _____

5 A. FOR SOCIETY USE ONLY

ENTRANCE FEE (KSHS. 1500) 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. CEASATION OF MEMBERSHIP/MEMBERSHIP WITHDRAWAL

DATE OF WITHDRAWAL _____ DATE OF REFUND BY MANAGEMENT _____

COMMITTEE _____ VOUCHER/CHEQUE NO _____

MINUTES NO _____ DATE _____

CHAIRMAN'S SIGNATURE _____ TREASURER'S SIGNATURE _____

DATE _____

METHODS OF PAYMENT

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

NB; FOR M-PESA BANKING USE PAYBILL NO. 4077167 AND ENTER YOUR IDNO#CA AS THE ACCOUNT NUMBER

REGISTRATION FEES	1000/=
MINIMUM SHARES @Ksh.25 (25 X20)	500/=
REQUIRED AMOUNT	1500/=

OPTIONAL DOCUMENTS

CONSTITUTION/BY-LAWS	300/=
MEMBERSHIP CARD FEES	100/=
MEMBERSHIP POLICY	100/=
	500/=

NOTE:

- PLEASE ATTACH ONE COPY OF ID FOR APPLICANT AND ID/BIRTH CERTIFICATE COPY OF NEXT OF KIN
- ONE COLOURED PASSPORT SIZE PHOTO.