



# Utabibu Cooperative Savings & Credit Society

Utabibu Savings & Credit Society Ltd  
Doctors Park 4th Floor  
3rd Parkland Avenue  
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Email: info@utabibusacco.org  
Website: www.utabibusacco.org

## MEMBERSHIP APPLICATION FORM

**INSTRUCTIONS:** This form needs to be filled and returned to Utabibu Sacco Society Limited, 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.**

### PERSONAL DETAILS

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

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

Date of first appointment: \_\_\_\_\_ Official designation: \_\_\_\_\_

Employer location: \_\_\_\_\_ Terms of Service: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Sex: \_\_\_\_\_

Mobile tel No.: \_\_\_\_\_ ID No.: \_\_\_\_\_ KRA Pin: \_\_\_\_\_

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

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

Current address: \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_

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

### NEXT OF KIN (To be contacted in case of emergency)

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

Date of birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Mobile Tel No.: \_\_\_\_\_

ID No.: \_\_\_\_\_ Current address: \_\_\_\_\_ Code: \_\_\_\_\_

Town: \_\_\_\_\_ Email address: \_\_\_\_\_

### BENEFICIARY (Person(s) designated to receive funds/benefits in the unfortunate event of loss of life)

Witnesses by (Must include 2 witnesses)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In making this membership application, I do hereby agree to conform to the society's By-laws and any amendments thereof.

Signature of the applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Member Introduced by: \_\_\_\_\_ Member No.: \_\_\_\_\_

**Entrance fee of Kenya shillings 1,000 should be paid when submitting this form.  
Share capital of Kshs. 11,900 (can be paid over a period of 6 months).**

### **AUTHORITY TO MAKE DEDUCTIONS FROM SALARY**

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

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

I, \_\_\_\_\_ hereby authorize you to deduct the sum of Kshs. \_\_\_\_\_ (Kenya Shillings) From my salary every month and pay to the UTABIBU Co-operative Savings and Credit Society Limited with effect from \_\_\_\_\_ until further notice.

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

### **FOR SPOUSES AND ADULT CHILDREN ONLY**

Indicate the amount to be contributed below in figures and in words

Amount in figures: Kshs. \_\_\_\_\_

Amount in words: Kshs. \_\_\_\_\_

Monthly contributions to be paid through (Tick appropriate).

Check off

Standing Order

Cheque/Cash

Mpesa

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

I \_\_\_\_\_

ID/Passport No.: \_\_\_\_\_ Member No: \_\_\_\_\_ Confirm that the applicant is my (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: \_\_\_\_\_

Membership No.: \_\_\_\_\_ Chief Executive Officer signature: \_\_\_\_\_