



FINNLEMM SACCO SOCIETY

55 Gatundu Road Kileleshwa, P.O. Box 67666 – 00200 Nairobi.
Tel. +254 20 2394214, +254722607983+254733208122

M/No. _____

MEMBERSHIP APPLICATION FORM

I hereby apply for membership and agree to abide by the Co-operative Societies Act and Rules, By-Laws of Finnlemm Sacco Society Ltd and also declare that I am not a member of any other Co-operative Society. I also consent Finnlemm to seek further clarification from a licensed Credit Reference Bureau and/or undertake appropriate referencing and sharing of credit information as per the Credit Reference Bureau Regulations, 2013.

Fill in the form in BLOCK letters and attach the following:

- | | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | 2 passport size photos | <input type="checkbox"/> | 3 latest payslips/Bank statement for the last six months |
| <input type="checkbox"/> | Copy of personal ID | <input type="checkbox"/> | Minimum monthly contribution is Kshs. 2,300 |
| <input type="checkbox"/> | Next of Kin/ Nominee ID copy | <input type="checkbox"/> | Kshs. 1, 000 membership fee (payable once) |
| <input type="checkbox"/> | 3 latest Sacco statements in case of a transfer from another Sacco | <input type="checkbox"/> | KRA Pin Certificate |

APPLICANT'S DETAILS

NAME OF APPLICANT.....

DATE OF BIRTH..... IDENTITY/PASSPORT NUMBER.....

POSTAL ADDRESS.....

PHYSICAL ADDRESS.....

EMAIL..... MOBILE.....

EMPLOYER.....

EMPLOYER'S TELEPHONE.....

EMPLOYER'S ADDRESS.....

DESIGNATION.....

TERMS / CONDITIONS OF SERVICE.....
(Temporary/Permanent/Contract & Pensionable)

SOURCE OF INCOME

Salary Pension Income from business Others (Specify)

Proposed mode of remittance

Check off Standing Order Bank Mpesa Others (Specify)

APPLICANT'S NOMINEE DETAILS

Pursuant to the by-laws of this Society, I hereby nominate the below persons as the next of kin or as the nominated persons to receive the monies standing to the credit of my shares and deposits account in the said Society at my death less any indebtedness owed by me to the Society.

Beneficiary/Trustee Name	ID/Passport No. or indicate if a MINOR	Relationship	Postal Address and Tel. Contacts	Date of Birth	%

APPLICANT'S SIGNATURE **DATED**.....

WITNESSES

- i) NAME ID NO. SIGNATURE
- i) NAME ID NO. SIGNATURE

ADDITIONAL DETAILS

1. Are you a member of another SACCO? (If yes, attach the latest statement from your Sacco)
2. Have you been a member of Finnlemm before?
3. How did you learn about Finnlemm?

INTRODUCED BY

- i) NAME ID NO. SIGNATURE

I hereby confirm that all the details provided above to support my application for membership in Finnlemm SACCO Society are true to the best of my knowledge.

SIGNATURE **DATED**.....

FOR OFFICIAL USE ONLY

FORMS AND DETAILS CHECKED AND RECOMMENDED BY:

Name: Signature Date.....
 Name:..... Signature..... Date.....

The application has been approved/not approved

Approving officers' name

Chairman..... Signature..... Date.....
 Secretary..... Signature..... Date.....

BENEVOLENT FUND

(Please attach a copy of beneficiary's ID/Valid passport and child's birth certificate if he/she is a minor)

DEPENDANTS' DETAILS

1. **Name**.....

Date of Birth..... **ID/Passport No**.....

Relationship with the applicant.....

2. **Name**.....

Date of Birth..... **ID/Passport No**.....

Relationship with the applicant.....

3. **Name**.....

Date of Birth..... **ID/Passport No**.....

Relationship with the applicant.....

MODE OF PAYMENT

Check off Standing Order Bank Mpesa Others (Specify)

APPLICANT SIGNATURE

DATED.....