



FINNLEMM SACCO LIMITED

Your Prosperity our Priority

55 Gatundu Road Kileleshwa, P.O. Box 67666- 00200 Nairobi.
Tel: +254 202 394 214, +254 733 208 122

Attach Photo

MEMBERSHIP APPLICATION FORM

To: The Hon Secretary

I hereby apply for membership and agree to abide by the Co-operative Societies Act and Rules, Sacco Societies Act & Regulations 2020, By-Laws of Finnlemm Sacco Society LTD. I declare that I am not a member of any other Co-Operative Society. I also consent Finnlemm Sacco 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:

1 Passport size photo

Next of Kin Nominee ID copy/ Birth Certificate

Copy of personal ID/ Valid Passport

KRA Pin Certificate

APPLICATION'S DETAILS

NAME OF APPLICANT

DATE OF BIRTH IDENTITY/ PASSPORT NUMBER

PHYSICAL ADDRESS CODE TOWN

MARITAL STATUS

EMAIL MOBILE KRA PIN

BUSINESS OR EMPLOYMENT DETAILS

EMPLOYER

EMPLOYER'S TELEPHONE

EMPLOYER'S ADDRESS

DESIGNATION

TERMS/ CONDITIONS OF SERVICE

(Temporary/ Permanent/ Contract % Pensionable)

SOURCE OF INCOME

Salary Pension Income for business Others (Specify)

MODE OF PAYMENT

Check off Standing Order Bank MPesa Others (Specify)

AUTHORIZATION TO MAKE DEDUCTIONS FROM SALARY

I wish to contribute Kshs Amount in words

as monthly deposits of Kshs Amount in words

as shared capital per month.

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 as my death less any indebtedness owed by me to the Society.

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



APPLICANT'S SIGNATURE DATED

WITNESSES

i) NAME ID NO. SIGNATURE

ii) NAME ID NO. SIGNATURE

ADDITIONAL DETAILS

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

INTRODUCED BY

i). NAME ID NO. SIGNATURE

DECLARATION

I hereby confirm that 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 BY:

Name Signature Date

RECOMMENDED BY:

Name Signature Date

APPROVED BY:

Name 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)

Pursuant to the Finnlemm Sacco benevolent fund rules, I hereby nominate the following persons as beneficiaries to the benevolent fund benefits in the unfortunate event of their demise:

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

4. Name
Date of Birth ID/ Passport No
Relationship with the applicant

5. Name
Date of Birth ID/ Passport No
Relationship with the applicant

APPLICANT'S SIGNATURE DATED