WAUMINI SACCO SOCIETY LTD

Applewood Adams Building, 2nd Floor, Adams Arcade, Ngong Rd.

P.O Box 66121-00800
Westlands, Nairobi - Kenya
Email: info@wauminisacco.com
Website: www.wauminisacco.com

Pilot Line: 0709 052 000
SMS Line: 0727-508 699 (No calling)

Serial No: ☐

AFFIX PASSPORT PHOTO HERE

APPLICATION FOR MEMBERSHIP FORM

Requirements:

1. Passport size photograph
2. Photocopy of national ID/Passport
3. Marriage certificate/Affidavit or Birth certificate (For spouse and children membership)

I hereby make an application for the membership and agree to conform to the co-operative by- laws and any amendment thereof.

(Complete this Form in Capital Letters)

SECTION 1: APPLICANT'S PERSONAL INFORMATION

TYPE OF MEMBER: Employee of Catholic Managed Institutions ☐ Spouse ☐ Son/Daughter ☐

Catholic Faithful ☐

FULL NAME: Mr. /Mrs. /Miss/Dr/Fr/Sr. ☐

DATE OF BIRTH: ☐☐/☐☐/☐☐☐☐ GENDER: MALE ☐ FEMALE ☐

COUNTRY OF BIRTH: ☐ COUNTY: ☐

ID/PASSPORT NO: ☐ PASSPORT EXPIRING ON: ☐☐/☐☐/☐☐☐☐

KRA PIN NO. ☐

POSTAL ADDRESS: ☐ POSTAL CODE: ☐

PRESENT PHYSICAL ADDRESS: ☐

MOBILE NO: ☐☐☐☐☐☐☐☐☐☐ EMAIL ADDRESS: ☐

SECTION 2: EMPLOYMENT DETAILS

EMPLOYER ☐

EMPLOYER'S POSTAL ADDRESS: ☐ POSTAL CODE: ☐

POSITION IN EMPLOYMENT: ☐

TERMS OF EMPLOYMENT: PERMANENT ☐ CONTRACT ☐

DATE OF APPOINTMENT: ☐☐/☐☐/☐☐☐☐ PAYROLL NO: ☐

SECTION 3: BUSINESS DETAILS (To be completed if not in employment)

BUSINESS NAME:

BUSINESS POSTAL ADDRESS: POSTAL CODE:

NATURE OF BUSINESS:

BUSINESS PHYSICAL LOCATION:

SECTION 4: BENEFICIARY DETAILS

I, the undersigned in the event of my death whilst a member of the Society hereby instructs the Society to pay all amounts due to me, less any debts to the Society to the person named in this section. (The name of nominees' can be given in a sealed letter). I understand that I may alter the name of the Nominated next of kin by filling a subsequent Nominated Next of Kin Forms

	Full Names	Relationship to member	Allocation in %	ID/passport No.	Postal Address	Mobile No

SECTION 5: REFEREES MEMBER DETAILS (For spouse and young investors)

I, Membership No. do hereby introduce

Mr./Mrs/Ms./ Dr ID/Passport No.

who is my husband/Wife/Son/Daughter to join the membership of Waumini Sacco Society Ltd

Signature:

Date: D D / M M / Y Y Y Y

SECTION 6: ENDORSEMENT BY PARISH (To be completed by those not employed by a catholic institution and are neither spouse nor children to Waumini Sacco members)

I have known Mr./Mrs/Ms_____ for _____ years. I further confirm that she/he is a person of integrity and noble character. I am pleased to recommend him or her to open an account with Waumini Sacco Society Ltd.

NAME OF SMALL CHRISTIAN COMMUNITY (JUMUIYA):

NAME OF CHAIRPERSON:

SIGNATURE: DATE: D D/M M/Y Y Y Y

NAME OF SECRETARY:

SIGNATURE: DATE: D D/M M/Y Y Y Y

NAME OF PARISH: DIOCESE:

NAME OF PARISH PRIEST:

SIGNATURE:

PARISH STAMP

DATE: D D/M M/Y Y Y Y

SECTION 7: FOSA ACCOUNT OPENING

I hereby apply to opening a FOSA saving account and undertake to comply, observe and be bound by the general terms, conditions and tariffs made by the Waumini Sacco Society Ltd in force and as amended from time to time pertaining to this account.

SACCO LINK ATM CARD APPLICATION (OPTIONAL)

Kindly process an ATM card on my FOSA saving account, I warrant that the information given is true and complete. I authorize you to make any enquiries necessary in connection with this application. I agree that I will be liable for all charges incurred through the use of this card.

Name: ID NO:

SIGNATURE OF APPLICANT (within the box)

SECTION 8: MBANKING SERVICES

I, ID NO: authorize Waumini Sacco Society LTD to register my mobile no. for M-Banking services. I accept and agree to be bound by the conditions of use, detailed overleaf (as amended from time to time). I agree that I am liable for all charges incurred through the use of M-Banking.

SECTION 9: REMITTANCES

I hereby authorize you to deduct Kshs. _____ Monthly Deposits Contribution and Kshs. _____ Share Capital Contribution with effect from the month of _____ until further notice. Please tick the mode of remittance appropriately. PAYROLL CHECK OFF ☐

FOSA ☐ EFT ☐ CHEQUE/DIRECT DEPOSIT ☐ MPESA ☐

Entrance fee for employees of Catholic managed institutions will be recovered from contributions of the first payroll.

All remittances should be deposited at any of our Bank Accounts or Mpesa Paybill. 700100 (Always indicate your membership number and full names on the deposit slip).CAUTION DO NOT PAY CASH TO ANY INDIVIDUAL.

SECTION 10: CONSENT TO DATA PROCESSING & DECLARATION

I declare all the information given herein is true and I shall abide by all the terms and conditions laid down by the SACCO. (Note: Giving false information is an offence under the laws of Kenya)

I consent to the sacco processing my personal data to improve its products and services. I understand that my data may be shared for lawful purposes as outlined in the Privacy Notice on the Sacco website and in accordance with relevant laws.

APPLICANT'S SIGNATURE: _____ DATE: D D/M M/Y Y Y Y

WITNESS NAME: _____ DATE: D D/M M/Y Y Y Y

WITNESS SIGNATURE: _____

SECTION 11: INTRODUCTION TO WAUMINI SACCO SOCIETY

How did you know about Waumini Sacco: Social Network ☐ Media ☐

Website ☐ Member ☐ Others _____

If you were introduced by a Waumini Sacco member, give their details;

Name _____ Membership No. _____

FOR OFFICIAL USE ONLY

We have checked and confirmed that all the information given above is correct:

Checked By: _____ Signature: _____ Date: D D/M M/Y Y Y Y

Confirmed By: _____ Signature: _____ Date: D D/M M/Y Y Y Y

Data Captured By: _____ Signature: _____ Date: D D/M M/Y Y Y Y

System Approved By _____ Signature: _____ Date: D D/M M/Y Y Y Y

Membership No: _____ FOSA Account: _____

FOSA Verified By: _____ Signature: _____ Date: D D/M M/Y Y Y Y

FOSA Approved By: _____ Signature: _____ Date: D D/M M/Y Y Y Y