

HARDWARE SAVINGS AND CREDIT
CO-OPERATIVE SOCIETY LIMITED
P.O. BOX 80434-80100 GPO, MOMBASA
Email: hardware sacco@gmail.com or @yahoo.com
Tel: 0734060846/0717868730

AFFIX PHOTO

Membership Application Form

Applicants Personal Details

I hereby apply for membership of Hardware Savings and Credit Society Cooperative Society Limited and agree to abide with the by - Laws, policies, rules and any amendments thereof as may be decided from time to time.

Have you been a member of any Sacco before Yes No

Full Name (As per National ID)

Date of Birth ID/Passport. No

Mobile No: KRA PIN No

Gender Marital Status Email

Postal Address Code Town

Residence County Sub county Ward

Description of Place of Stay (Nearby Landmark/school/Market)

Employment details *(To be completed by an employed applicant)*

Employer Employers physical address

Designation Employment Terms: Permanent Casual Contract

Date of appointment Work Station

Payroll number

Business details *(To be completed by a business applicant)*

Business name Business address

Nature of business Approximate Monthly Income Ksh.

Business Location

Other Sources of Income (Specify if any) Amount Ksh.

Monthly Contributions

Proposed Monthly contributions (ksh) Amount in Words

Proposed mode of remittances (a) Check-off (b) Standing Order (c) Cash deposit & others

Effective date of deduction / contributions (dd/mm/yy)

MEMBER NAME _____ SIGNATURE _____

Distribution of Proposed Deductions less Entrance fee of

Deposits

Share Capital

Next of Kin Name

Contact

NOMINEES (WARITHI)

I the applicant and whose signature appears below, being of sound mind and under no duress, declares that in case of my death the person (s) stated hereunder shall be paid my total deposits less my debts to Hardware Sacco Society Ltd.

NAMES	MOBILE NO	RELATIONSHIP	%	ID NO

Applicant's Name

Sign

Date

INDEMNITY CLAUSE:

I agree that this account shall be operated solely at the discretion of the Sacco and hereby indemnify the Sacco at my cost against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactory performance.

Signed

Date

RECRUITED / REFERED BY

MNO

REFFEREES/RECRUITER SIGN:

DATE

FOR OFFICIAL USE ONLY

Date of Admission to the Society:

Allocated Membership No:

Registration Processed by

Date

Sign

Registration Approved by:

Date

Sign

Board's Approval: Name

Date

Sign

REQUIREMENTS FOR MEMBERSHIP REGISTRATION

- Copy of ID
- Copy of KRA PIN
- Pass port Size photo
- Membership registration fee

In completing this form for the society, you will be considered to have granted the society the right to use and publish your personal information, including your name and pictures, in any media chosen by the society, including but not limited to the internet, for informational, advertising, and promotional purposes, without any additional consideration.

MEMBER NAME _____

SIGNATURE _____