



United Women Regulated Non-WDT SACCO Society Limited

P.O. Box 3228-00100 Nairobi | Mobile: 0711-660129 | Whatsapp: 0742-885000 | SMS Line: 0713-075617
Email: info@unitedwomensacco.co.ke

APPLICATION FOR MEMBERSHIP

Affix colored
passport
photo here

Surname: _____ Other Names: _____
Date of Birth: _____ ID No. (Attach Copy): _____
KRA PIN No. (Attach Copy) _____

CONTACT INFORMATION

Mobile No. _____ Alternative No. _____
Email Address: _____
Physical Address: _____

OCCUPATION DETAILS

Employed Self Employed/Business
Employer: _____ Business Type/Name: _____
Position Held: _____ Business Location: _____

NEXT OF KIN (TO BE CONTACTED IN CASE OF EMERGENCY)

Full Name of Next of Kin: _____
Relationship with Next of Kin: _____ Mobile: _____

Applicant's Signature: _____ Date: _____

Introduction by: _____
(Introducing Member's Name and Membership Number)

Signature of the Introducer: _____ Date: _____

FOR OFFICIAL USE ONLY

Date of Admission to Membership: _____

Captured by: _____ Signature: _____ Date: _____

Approved by: _____ Signature: _____ Date: _____

Payments Details: _____

Allocated Membership Number _____



United Women Regulated Non-WDT SACCO Society Limited

**P.O. Box 3228-00100 Nairobi | Mobile: 0711-660129 | Whatsapp: 0742-885000 | SMS Line: 0713-075617
Email: info@unitedwomensacco.co.ke**

Indemnity Clause

I hereby authorize United Women Sacco to communicate with me via the email and phone contacts provided on this form regarding my membership, transactions, and other Sacco-related matters.

I authorize the Sacco to conduct due diligence checks and obtain my credit and financial information from credit reference bureaus and other relevant service providers, as necessary.

I agree to indemnify and hold harmless United Women Sacco, its employees, agents, and representatives from and against any claims, demands, actions, liabilities, losses, costs (including legal expenses), or damages directly resulting from:

1. Any unauthorized access or disclosure arising from my own negligence or failure to update my contact details.
2. Any incorrect, misleading, or fraudulent information provided in this membership application form.
3. Any claims resulting from third parties whom I have expressly authorized to access or operate my member account.
4. Any unauthorized or fraudulent transactions conducted using my account due to my negligence.

I pledge to promptly notify United Women Sacco of any changes to the information provided above.

United Women Sacco and its designated service provider(s) will process, store, and protect my information in compliance with the Data Protection Act, 2019 of Kenya and their respective privacy policies.

Acknowledgment and Acceptance

By signing this form, I confirm that I have read, understood, and agreed to the terms of this indemnity clause.

Signature: _____ Date: _____



United Women Regulated Non-WDT SACCO Society Limited

P.O. Box 3228-00100 Nairobi | Mobile: 0711-660129 | Whatsapp: 0742-885000 | SMS Line: 0713-075617
Email: info@unitedwomensacco.co.ke

BENEFICIARY NOMINATION FORM

The Co-operative Society's Act Section 39 and Rule No. 32 require members to appoint next of kin (who can claim the member's deposits in case of death) on a standard form. We have reprinted the form and request you to sign, and forward to the Sacco for safe keeping.

I _____ ID No. _____ of _____

Being member number _____ hereby nominate the following nominee(s) to inherit my shares or interest in the United Women Sacco in the following manner: -

No.	Details of Nominee (s)	Relationship	Percent (%)
1	Name:		
	Email:		
	Phone No:		
2	Name:		
	Email:		
	Phone No:		
3	Name:		
	Email:		
	Phone No:		
4	Name:		
	Email:		
	Phone No.		
5	Name:		
	Email:		
	Phone No.		

I Hereby declare that the details completed above are true and that they shall form part of my application to the Sacco. I understand that this nomination form will be termed as the final position unless otherwise advised by myself in the future.

Applicant Signature: _____

Date: _____

Witnesses	ID No.	Signature
Witness (name)		