



# 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

I hereby make this Application for Membership and agree to abide by the Bylaws and/or any amendments thereof. My particulars are as follows:

Affix colored  
passport  
photo here

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

ID No. (Attach Copy) \_\_\_\_\_ KRA PIN No.(Attach Copy) \_\_\_\_\_

Physical Address: 1) Home \_\_\_\_\_

Physical Address: 2) Office \_\_\_\_\_

Tel. 1) Mobile \_\_\_\_\_ 2) Office \_\_\_\_\_ 3) Other \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer/Business Name: \_\_\_\_\_

Full Name of Next of Kin: \_\_\_\_\_

Relationship to Next of Kin: \_\_\_\_\_ Next of Kin's Contact(s): \_\_\_\_\_

### MEMBER BANK DETAILS

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Introduced by: \_\_\_\_\_  
(Introducing Member's Name and Membership Number)

Signature of the Introducer: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm that the information given above is true to the best of my knowledge. By signing on this form, I request you to open an account in my name(s) provided. I agree to abide by the by-laws of this Sacco. I have read and agreed to abide by the Terms and Conditions for this application. I agree that this account shall be operated solely at the discretion of society and hereby indemnify the Sacco at my cost, against any cost incurred or claims arising out of the account.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Date of Admission to Membership: \_\_\_\_\_

Captured by: \_\_\_\_\_ Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of Cessation of Membership: \_\_\_\_\_

Allocated Membership Number: \_\_\_\_\_



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## 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 shares 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 \_\_\_\_\_

P. O. Box \_\_\_\_\_ Code \_\_\_\_\_ Town \_\_\_\_\_

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:		

(If they are more than three Beneficiaries fill additional forms and attach)

Where any of the above Beneficiaries has not attained the age of 18 years, I have nominated the following guardian.

<u>Guardian’s Name</u>	<u>Relationship to Member</u>	<u>Contact</u>
_____	_____	_____
_____	_____	_____

Witnesses	ID No.	Signature
Witness (name)		

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.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Member’s Signature \_\_\_\_\_