



**SHOFSCO**

SACCO

Empowering The Community

**PHOTO**

## MEMBERSHIP APPLICATION FORM

Membership Category: SHOFSCO Staff

Individual

Group

### Applicants Details

Full Name:

Group Name:

Branch:

Village:

Mobile No:

Tel No:

D.O.B [dd/mm/yy]

Present Address:

Marital Status:

Gender:

M

F

ID/Passport No:

E-mail Address:

Home/Permanent Address:

District:

Location:

### Section One: Employment Details: *(To be completed by an employed applicant)*

Employer:

Employer's Address:

Position in Employment:

Work Station:

Date of Employment:

Payroll No:

### Source of Income

Salary:

Business:

Pension:

Others *(specify)*:

## Section Two: Business Details: (To be completed by a business applicant)

Business Name:  Business Address:

Nature of Business:  Approximate Monthly Income:

Business Location:

### Contributions:

Registration Fee:  Amount in Words:

Proposed Monthly Contributions:  Amount in Words:

Proposed Mode of Remittances Check off:  Standing Order:  Direct Debit:  Others (Specify)

Effective Date [dd/mm/yy]:

### Share Capital

No of Shares applied for:  Amount (Ksh)

Monthly Contribution:

### Next of Kin (Please note that this is not a benefit nominee but just a contact person)

Full Name:  Gender:  ID No:  Tel No:

Relationship:  Physical Address:

### Nominee Information (Upon my death I hereby instruct the society to pay all amounts due to me, less any debts to the society, to the person(s) named in this section)

Name	ID No:	Relationship	Contact/Address	Date of Birth	%

Applicant's Signature:  Date:

Witness Name:  Signature:

### Group Officilas:

Name	Position Held	ID No	Contact	Signature

### For Official Use Only

Member Registered by:  Signature:  Date:

Member Approved by:  Signature:  Date:

Membership No: