

AFYA SACCO LTD

MEMBERSHIP APPLICATION FORM

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AFYA CENTER, TOM MBOYA ST.
Email: marketing@afyasacco.com
Website: www.afyasacco.co.ke
Tel. (254) (20) 2223950/ 22223970



Application Date:

I wish to register for membership at AFYA SACCO Ltd. and undertake to comply, observe and be bound by the General Terms and Conditions in force from time to time governing membership at the SACCO.

A. INSTRUCTIONS - Use BLOCK LETTERS only to complete the form in FULL

- 1) The form must be accompanied by a copy of latest Pay Slip, copy of ID card and two coloured passport-size photographs duly certified by the Branch Chairman or Personnel Officer.
- 2) One copy of the photograph will be returned to you with your AFYA Membership Card.
- 3) One-off Membership Fee Kes. 1000/=
- 4) Minimum Monthly Saving Deposit contribution is Kes. 1000 - 5,000/=
- 5) Minimum share capital of Kes. 20,000 repayable at a minimum rate of Kes. 500 per month.

B. APPLICANT PERSONAL DETAILS/BIO-DATA

Have you been a member of AFYA SACCO Before:

YES NO

Gender Male Female

Names (Per National ID) _____ Title _____
[First name] [Second Name] (Surname)

Nationality _____ Date of Birth _____ ID no. _____

Passport No. _____ County/District _____ Division _____

Location _____ Sub-Location _____

Residential/Home/Street Address: _____

Personal Mobile No. _____ Alternative phone no. _____

Personal Email _____ KRA PIN _____

C. EMPLOYMENT/OCCUPATION DETAILS -

Current Employer _____ Employer's Address _____

Employee No. /Personal No. _____ Employment Date _____

Current Designation _____ Dept/Section _____

Current Workstation) _____

D. NEXT OF KIN DETAILS (Must be >18 Yrs – To be contacted in case of emergency)

Name _____ Relationship _____ Age _____

ID/Passport/Birth Cert. No _____ Mobile no. _____

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E. NOMINEES/BENEFICIARY – (To receive the member dues in the unfortunate event of loss of life)

Name	RELATIONSHIP	% ALLOCATION (Total Sum up to 100%)	ID.NO/Passport No./Birth Cert. No	Mobile No

F. MONTHLY REMITTANCE /AUTHORITY TO MAKE DEDUCTION FROM SALARY.

I hereby authorize you to deduct the amount(s) stated below from my salary every month in respect to contributions towards my SACCO membership.

- 1) Monthly Savings / Deposits - Kes.
- 2) Share Capital / Retained Shares - Kes.
- 3) Monthly - AFYA Benevolent Fund - Kes. 300/-.....

Totals Amount to deduct Monthly is Kes. _____

G. SIGNATURE CARD AND SIGNING INSTRUCTIONS: (Tick as appropriate)

Sign -Single Sign – Jointly either to sign Other (Specify) _____

NAME(S) - Authorized Signatories	ID/PASSPORT NO.	SIGNATURE (Ensure Signature is Centered)
Account Holder		
Signatory 2 (Optional)		

H. DECLARATION & SIGNATURE

In making this membership application, I confirm that the information I have provided herein and the disclosures made are true; and I consent that my personal data may from time to time be used and disclosed for lawful purposes only in accordance with AFYA SACCO policies and relevant laws. For any amendment of my details, I commit to use the follow the laid-out process of membership information update. I do hereby agree to conform to AFYA SACCO's By-laws and any amendments thereof.

Applicants Name(s) _____ **ID No.** _____ **Signature** _____

I. FOR OFFICIAL USE ONLY

Member Recruited By: Name _____ ID no _____ Signature _____

I certify that this is an employee of _____ within AFYA SACCO Branch named _____

Signature _____ Date _____

Data Captured by _____ Signature/ Date _____

Data Approved by _____ Signature/ Date _____

MEMBERSHIP NO. Assigned _____