



Azima Sacco
YOUR GROWTH. OUR COMMITMENT

P.O BOX 1124-01000, THIKA

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info@azimasacco.co.ke, www.azimasacco.co.ke

MEMBERSHIP & ACCOUNT OPENING FORM

PERSONAL INFORMATION *(attach a copy of ID card)*

Full Name:.....ID/NO.....

Date of birth..... Gender.....

Postal Address..... Tel No.....

Department..... Work Number.....

County..... Sub county.....

Location..... street/village.....

Email address..... KRA pin.....

EMPLOYER:

Organization/Institution/Company name.....

Institution Address..... Tel No.....

NO	NEXT OF KIN	ID NUMBER	RELATIONSHIP	PERCENTAGE %
1				
2				
3				
4				
5				

MONTHLY CONTRIBUTION:

My monthly contribution will be Kshs(in words).....

(Minimum contribution is Ksh 750 per month)

MODE OF PAYMENT:

Standing order

Cash

Check Off

Your growth, Our commitment

FOSA ACCOUNTS:

- 1. Ordinary Savings account Junior savings account Holiday saving Account
- 4. Education saving account Group saving account Fixed deposit account

SPECIMEN SIGNATURE:

Name ID NO..... SIGN.....

FOR GROUPS/COMPANY/JOINT ACCOUNT:

- 1. Name..... ID NO..... SIGN.....
- 2. Name..... ID NO..... SIGN.....
- 3. Name..... ID NO..... SIGN.....
- 4. Name..... ID NO..... SIGN.....

Signing instructions.....

BASIC REQUIREMENTS:

- 1. Be introduced by an active Sacco member.
- 2. Be earning a regular income from either employment or legal activities.
- 3. Pay entrance fee of Kshs 400.00 and pay in full 600 shares each of Kshs 20.00 as share capital subject to categorization fixed by AGM from time to time.
- 4. Contribute a minimum of Kshs 750.00 deposit on monthly basis.

REFEREE:

Name Address..... Mobile No.....

Membership No..... IDNO.....Signature.....

APPLICANTS DECLARATION:

I/We.....hereby declare the above particulars to be true to the best of my/our knowledge, believe and agree to comply, observe and be bound by the society by-laws, rules, procedures, policies and resolutions of Azima Sacco Society Ltd and the co-operative societies Act. I/We also agree to indemnify the society against any loss or claim arising out of the account being closed without notice because of unsatisfactory performance.

- 1. Name Signaturedate.....
- 2. Name Signaturedate.....
- 3. Name Signaturedate.....
- 4. Name Signaturedate.....

FOR OFFICIAL USE ONLY:

Customer information checked and verified by..... sign..... Date.....

Data captured by 1.Photo and signaturesign.....date

2.Next of kin.....sign.....date.....