



MOFAA NWDT SACCO SOCIETY LIMITED

Jeda Plaza, Kamiti Road (off Lumumba Drive)

P.O Box 64742-00620, Tel:+254 717 929 424

"Developing Together"

Email;sacco@mofaenterprises.com

THE CHAIRMAN,

MOFAA NWDT SACCO SOCIETY LTD

I hereby make an application for membership of your society and agree to abide by the by laws and any other terms and conditions and any amendments thereof;

Date:

Type of Member: **Landlord** **Salaried** **Cash**

A: PERSONAL DETAILS

Full Names (as per ID)

Nature of business

Plot number/Employer/Business

Date of Registration

Postal Address Code

Office Telephone Mobile No.

Email Address

Location (Town/Shopping Centre)

(Plot/Bldg/Street/Road)

P.I.N

B: REFEREE DETAILS

Name:

ID number: Contact:

C: BANK ACCOUNT DETAILS:

Account Name:
Account No:
Bank Name/Branch:

D: NEXT OF KIN

Full Name	ID No.	Mobile No.
1.		
2.		

E: NOMINEES

I hereby nominate the person(s) named here under to receive the monies standing to the credit of my shares and deposits accounts and any other dues from the Sacco at my death.

Full Name	ID No.	Relationship	Percentage
1.			
2.			
3.			
4.			

F: DECLARATION

I confirm that;

- a) The information I have provided herein and the disclosures made are true ; and
- b) I have received, read and understood the General terms and conditions of the Sacco and undertake to comply, observe and be bound by the same.

G: MEMBERSHIP FEE

I make a non-refundable payment of Kshsas entrance/registration fee.

H: SHARES

I make payment/deductions from my income of..... shares each Kshs.20,Total Kshs.
.....

WHICH ARE NOT REFUNDABLE BUT TRANFERABLE.NOTE: Minimum is 500 shares

I: DEPOSITS

I authorize you to deduct Kshs as deposit from my earnings per month or more (kindly attach a copy of your recent rent statement, pay slip or any other proof of earning payment.

Names in Full (block letters) of the Authorized Signatory	National ID/ Passport No. and Official position	Signature

J: FOR OFFICIAL USE ONLY

Approved/disapproved by management committee minute

Number:.....Date:.....

Duly payments made:.....

The first share paid on:.....

Date of Admission to membership:.....

Membership Number Assigned:

Chairman's Signature:..... DATE.....