No.

MEMBERSHIP APPLICATION FORM

EGERTON UNIVERSITY SACCO SOCIETY LIMITED

P. O. BOX 178, EGERTON. TELNO.0769988873/0110009393/0770999002/0743898157

Email: info@egertonsacco.coop Website: www.egertonuniversitysacco.coop

PART 1: PLEASE PROVIDE THE FOLLOWING MANDATORY DOCUMENTS: -

1. Form to be completed as appropriate using block capital letters
2. Attachments: (a). Photocopy ID both sides (b). Duly filled nominee Card
   (c). Current Original pay slip (d). Appointment letter
   (e). PIN certificate (f). Business certificate/Permit.
   (g). Passport photo.

Attach Pass Port Photo

PART 2: PERSONAL DETAILS:

Salutation	Prof. ☐	Dr. ☐	Rev. ☐	Mr. ☐	Mrs . ☐	Ms. ☐	Others…..... ☐	
Gender	Male ☐	Female ☐						
First Name (as Indicated in your ID)		Middle Name			Last Name			
ID No./Passport No.		Date of Birth (dd/mm/yy)			E-Mail addresses			
Present address		Mobile No.			Home/Permanent address			
County		Sub-county			Location		Marital status	
Have you been a member of Egerton University Sacco Before? Yes ☐ No ☐					NOMINEE'S DETAILS: Card Attached Nominee Card Serial No:……			

PART 3: EMPLOYMENT DETAILS *(To be completed by an employed applicant:)*

Employer Name	Work station	Department
Employer Address	Position in employment	Date of Employment
Payroll No.	Terms of employment (Permanent & Pensionable ☐ Permanent with Service gratuity ☐ Contract ☐ Casual ☐	

PART 4: BUSINESS DETAILS *(To be completed by a Business applicant):*

Business Name	Business Location	Type of Business
Business Address	Period of Business	Approximate Monthly income

PART 5: MODE OF REMMITANCE AND COMMITMENT:

Type of regular income: ☐ Salary ☐ Business ☐ Pension ☐ Others (Specify)……. ☐

Mode of Contribution: ☐ Net Salary ☐ Cash/Paybill deposits ☐ Bank Standing order ☐

Bank direct debit ☐ Check off ☐ Others (Specify)……..

Monthly Deposits: ☐ SACCO Share Deposits Kshs……

☐ FOSA Account Savings KShs…..

With effect from (dd/mm/yy)…..Until further notice.

Every member shall hold at least 100 shares of Kshs.200/= each or as shall be fixed by the General Meeting. These shares may gradually be built from Kshs. 2,000/ to Kshs. 20,000/.

PART 6: SPOTCASH MOBILE BANKING REGISTRATION:

Kindly register me on Mobile Banking: ☐ Yes ☐ No

Mobile Phone No.

(a) Registered Safaricom number:

Services Available:

Banking: Savings balance enquires, Loan balance enquires, Loan Application status enquires, PIN change.

Alerts: Loan Application Status, Guarantor alerts, Fosa Loan Disbursement Alerts, Overdue loan repayments Safaricom Airtime from FOSA.

M-PESA: Loan repayment & savings/shares contributions, FOSA to Mpesa withdrawal service, Inter account transfers. *I accept and agree to be bound by the conditions of use. I agree that I am liable for all charges incurred through the use of this facility. I hereby indemnify the Sacco against all losses that may occur as a result of my use of the facility.*

Egerton University Sacco is committed to complying with the requirements of the data protection Act in regards to processing of your personal data

PART 7: REFEREE *(to be filled by the Member introducing the applicant):*

I…… AC. NO…..... Confirm that the applicant is well known to me and is my…..(Colleague, Associate, Wife, Husband, Son, Friend etc) and he/she is capable of independently operating an account as a member of Egerton University SACCO Society Limited.

Witness Signature…….. Date…….

PART 8: APPLICANTS DECLARATION:

I hereby declare that the information given above is true and complete.
I agree to abide by the By-Laws of the Society, Membership Policy and other SACCO Policies and amendments thereof.

I further willingly provide my personal information and consent to its use as prescribed in the Egerton University Sacco Data Protection Policy and The Kenya Data Protection Act 2019 (The policy is available in any of our offices) and can be used for short message marketing services.

Applicants Signature…….. Date…….

PART 9: FOR OFFICIAL USE ONLY: CHECKLIST:

Tick as appropriate

1. Photocopy ID both sides ☐
2. Current Original pay slip ☐
3. PIN certificate ☐
4. Appointment letter ☐
5. Business certificate/Permit. ☐
6. Pass port photo attached/Taken ☐
7. Dully filled application form ☐
8. Dully filled Nominee card ☐

Form Interviewed/checked by Name ----------Signature----------Date ----------

PART 10: FOR OFFICIAL USE ONLY:

I certify that the above information is correct as per attached documents and do recommend membership.

Data captured by…… Signature …….Date……..

Approved by……..…….....… Signature ……. Date…….

Account No

Activity……

Member file opened by…….....…….Signature …….....…….Date……

Serial No: 001/2024

NOMINEE INFORMATION (CONFIDENTIAL)

EGERTON UNIVERSITY SACCO SOCIETY LIMITED

P.O. BOX, 178,EGERTON. TEL/FAX073399900
Website: www.egertonuniversitysacco.coop

MEMBER'S PARTICULARS	
ACCOUNT NO.:	
I/D NUMBER:	

Pursuant to the By- Laws of this Society:

I Mr./Mrs/Miss/Prof./Dr.: _____ hereby nominate,

Nominee's name	Relation-ship to you	ID/Birth cert No.	Age	% Benefit

as persons to receive the monies standing to the credit of my share and deposits accounts in the Society at my death or incapacitation less any indebtedness owed by me to the Society

If the above nominee(s) is/are minor(s) at the time of nomination, give name and ID No. of a guardian;

Guardian's Name: _____ Relationship: _____

ID Number: _____ Mobile No. : _____

Egerton University Sacco is committed to complying with the requirements of the Data Protection Act in regards to processing of your personal data

Signed: _____ on the _____ day of _____ 20 _____