



MUKI
SACCO SOCIETY

SERIAL NO _____

Application for Membership

Application Details

To be completed in capital letters

Type of Account

Personal Account Joint Account Group Account. Other

Full name PIN No.

Mobile No. Tel No.

date of birth (dd/mm/yy) Present physical address

Marital Status Gender (To Tick) F M

ID/Passport No. Email address

P.O. Box address County

Employment Details (To be completed by employed applicant)

Employer Employers address

Alias Name Work station

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

Business Name Business Address

Nature of Business

Business Location Licence No.

Attach Permit

I intend to commence savings Kshs per month with effect from

NOMINATED BENEFICIARY(S)

I the undersigned, in the event of any death whilst a member of this Society, hereby instruct the Society to pay all amounts due to me less any debts to the Society to the person named in this section . (The name of beneficiary MUST be given in a sealed envelop) I understand that I may alter the name of the beneficiary(s) by filling in a subsequent beneficiary form.

Beneficiary (s) (if below 18 years provide name of guardian)

| | Name | ID / No | Relationship | Contacts Address/Tel | Date of Birth | % |
|----|------|---------|--------------|----------------------|---------------|---|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |

If nominee is under 18 years provide a guardian

Name: ID

Mobile Number

Pamoja Twajenga

DECLARATION

I agree to abide with the sacco by-laws

Applicant Signature.....Date.....

WITNESS NAME

SIGNATURE.....Date.....

REFEREE

(To be filled by the member introducing the applicant)

I [] Member Number [] ID No. []

Confirm that the applicant Mr/Mrs/Ms [] is well known to me for []

and that he/she is capable of independently operating an account as a member of Muki SACCO Society Limited. He / She is my (wife/husband, son, daughter and Friend etc)

Referees signature [] Date: []

Other Savings Accounts

Super Savers

Group Accounts

Business Account

CHILDREN ACCOUNT

Name of child [] Date of Birth []

I intend to commence savings Kshs [] per month with effect from []

My mode of savings will be by (a) Check-off (b) Standing Orders (c) Cash Deposit (d) Other (Specify) []

Name of Applicant [] Signature [] Date []

GOLDEN ACCOUNT

Name of Applicant: []

I intend to commence savings Kshs [] per month with effect from []

My mode of savings will be by (a) Check-off (b) Standing Orders (c) Cash Deposit (d) Other (Specify) []

Signature [] Date []

BUSINESS ACCOUNT

Name of Applicant:

I Intend to commence savings Kshs per month with effect from

My mode of savings will be by (a) Check-off (b) Standing Orders © Cash Deposit

(d) Other (Specify)

Signature

Date

SUPER SAVER ACCOUNT

Name of Applicant:

I Intend to commence savings Kshs per month with effect from

My mode of savings will be by (a) Check-off (b) Standing Orders © Cash Deposit

(d) Other (Specify)

Signature

Date

ATTACH GROUP ACCOUNT - as attached

ATTACH THE FOLLOWING

Copy of identity card or valid passport

KRA PIN/ATTACH COPY

ACCOUNT MANDATE: All to Sign Joint to Sign Either to Sign Solo to Sign

Applicant's Signature

Witness Name Signature

FOR OFFICIAL USE ONLY

Member interviewed by ID

Signature

Date

This application has been approved under the following membership category

Ordinary Business Super Saver Any other specify

Data captured by Signature Date

Member Number Branch

Membership approved by Signature Date

Members file opened by Signature Date

MOBILE PHONE BANKING APPLICATION

BRANCH.....

DATE.....

APPLICANT DETAILS

Account holders Names.....

| | | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|--|
| Mobile Number | | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|--|

Account No. 0101.....

National ID No.....

| | |
|---|--|
| M-BANKING SERVICES <ul style="list-style-type: none">• Cash withdrawal from FOSA Account to M-Pesa• Cash deposit from M-Pesa to FOSA Account.• FOSA Deposits/Share contribution from M-pesa to FOSA account• Loan repayment from M-Pesa to loan account• Balance enquiry• Mini statement• Alerts, Debits Credit• Utility payment• Safaricom Airtime purchase from FOSA Account• Inter account transfer orders | SMS SERVICES AVAILABLE <p>Notify me when:</p> <ul style="list-style-type: none"><input type="checkbox"/> A Cheque Clears<input type="checkbox"/> Cash is credited into my account<input type="checkbox"/> Cash is withdrawn from my account.<input type="checkbox"/> Loan Status<input type="checkbox"/> Any important Sacco Updates<input type="checkbox"/> When you guarantee a another member |
|---|--|

Declaration by the applicant

I hereby apply for mobile phone banking facility from MUKI sacco. I warrant that the information given above is true and I accept and agree to be bound by the conditions. I agree that I am liable for all charges incurred through the use of the facility. I hereby identify the sacco against all losses that they may incur as the result of use of the facility, I understand the sacco reserves the right to decline the application without giving reasons

Applicants Signature..... Date.....

For Official use

Witnessed by:Name:.....Sign..... Date:.....

Supervisor:.....Sign..... Date:.....

Branch Manager Name:.....Sign..... Date:.....



HEAD OFFICE AND NDUNYU NJERU BRANCH
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Miharati | Kwa Haraka | Murungaru | Geta | Engineer | Olkalou | Ndunyu Njeru | Shamata