 **CHARISMATA SACCO LTD**

#  MEMBERSHIP APPLICATION FORM

**P.O. Box 26592 -00100, GPO, Nairobi. Call Centre: 0727440901/0737827211 Fax 0203536877 Email:charismatasacco@gmail.**com

 **Website:** [**www.charismatasacco.com**](http://www.charismatasacco.com)

Attach Passport photo

##  Please complete in BLOCK LETTERS this form, then attach: One recent coloured passport Photograph, Copy of National ID/Valid Kenyan Passport/Alien ID, a Copy of KRA PIN and Ksh 1,000 Registration fee.

**I hereby make an application for membership and agree to conform to Charismata Sacco Society LTD’s By-Laws and any amendments thereof. https://charismatasacco.com/download/charismata-sacco-by-laws/**

## SECTION A: APPLICANT’S BIO-DATA

|  |  |
| --- | --- |
| Mr./ Ms. Others (Specify) | Gender: Male Female  |
| Name (as per National ID): |
| ID/Passport No: |  |  |  |  |  |  |  |  |  | Date of Birth: | D | D | M | M | Y | Y | Y | Y |
| Country of Residence: | Marital Status: |
| County/Province/City/State: | Postal Address/Code: |
| Primary Mobile Number: | Other Number: |
| KRA PIN: |  |  |  |  |  |  |  |  |  |  |  | Email: |

**SECTION B: SOURCE OF INCOME**

|  |  |  |
| --- | --- | --- |
| **Employed:** | **Self Employed/ Biashara:** | **Other Sources** |
| Employer: | Business Name: |  |
| Employers Address: | Business Address: |  |
|  Employer Phone Contact |  |  |
|  Designation |  |  |

## SECTION D: REMITTANCES

Proposed Monthly Contributions: (Kes.) Amount in Words Proposed mode of remittances: Check Off Direct Debit MPESA Others (Specify)

##  SECTION E: INTRODUCED BY

Please specify on how you came to know/ learn about the Sacco:

|  |  |  |
| --- | --- | --- |
| Charismata Sacco Staff | Name: | Staff No. |
| Existing Member | Name: | Member No. |
| Others (Please Specify): |
|  |

##  SECTION F: NOMINEE/NEXT OF KIN DETAILS

I the undersigned, upon my demise whilst a member of the Society, hereby instruct the Society to pay all amounts due to me less any debts to the Society, to the person (s) named in this section. I understand that I may alter the name of nominated next of kin by filling a subsequent nominee card.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME | NATIONAL ID/ PASSPORT NO. | DOB | RELATIONSHIP | TELEPHONE NO. | PERCENTAGE (%) ASSIGNED |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 Please provide below the details of spouse/guardian if the nominee (s) is/are below 18years

Mobile No.

National ID:

Name:

##  SECTION H: SPECIMEN SIGNATURE AND DECLARATION

I declare that all the particulars given by me are true. I confirm that I have

read the terms and conditions governing the opening, operating and closure of membership and related e-channels of Charismata Sacco Society Ltd and agree to be bound by them. I further unequivocally consent that my personal data,

collected in connection with such terms and conditions, may from time to time be used and disclosed for such lawful purposes and to such persons as may be in accordance with the Charismata Sacco’s prevailing Privacy Policy, and the relevant laws, as amended from time to time.

 SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_

##  SECTION I: FOR OFFICIAL USE ONLY

 Verification done by;

|  |  |  |
| --- | --- | --- |
|  Data Captured By: | Signature: | Date: |
| Assigned Member Number: |
| Member’s File Opened By: | Signature: | Date: |