

CHURCH MEMBERS MEMBERSHIP FORM



ADVENTIST SACCO SOCIETY LTD.

PO. BOX 41352-00100 NAIROBI.
Cell: 0777900074, 0721604765

(Attach a
current
colored
passport
photo & a
copy of ID

APPLICATION FOR MEMBERSHIP AND ADMISSION.

(Registration Fee Ksh. 2000.00)

APPLICANTS DETAILS.

Surname _____ First Name _____ Middle Name _____
Date of Birth _____ ID/Passport No _____
KRA Pin No. _____ Mobile Phone _____
Email Address _____ Marital Status: Married [] Single [] Other _____
Nationality _____
Name of employer _____
Occupation _____ Postal Address _____
Terms of Service (Permanent, Contract Casual) _____ Employer's Telephone _____
Employer's Address _____ Town/City _____ Code _____

BANK DETAILS

Bank Name _____
Bank A/C _____ Bank Branch _____

- ✓ All members must mandatorily pay up a **MONTHLY INSURANCE FEES of KSH. ONE HUNDRED AND FIFTY ONLY (150.00)** which is a sinking fund and hence non- refundable.
- ✓ For all new members it is mandatory requirement to buy at least **200 shares @ KSH. 100/= each**. The minimum SHARE CAPITAL value is KSH. 20,000/= which should be paid at once or developed in at most 18 months from the date of membership. These shares are non-refundable but may be traded amongst members on withdrawal.
- ✓ All members must mandatorily pay the **INVESTMENT SHARES as per category identified (Gold- 100,000. Silver- 70,000 and Bronze-50,000 within a period of twenty four months.**

DEPOSIT is the monthly savings contribution a member puts in to enable him/her obtain a loan at a later date. The minimum monthly deposit contribution is KSH. 1000/= ONE THOUSAND ONLY. Deposits are refundable only on membership withdrawal after issue of sixty (60) day notice to the society.

I commit a monthly contribution of KSH. _____ From my total earnings per month, effective from (month) _____ (Year) _____. My average monthly income is Kshs. _____. **(Kindly attach a copy of your pay slip, National ID/Passport & KRA Pin Certificate.)**

Applicant's signature: _____
Member introduced by _____ Member no _____

PASTOR'S RECOMMENDATION

I confirm that the applicant stated in the foregoing details is a member of SEVENTH-DAY ADVENTIST CHURCH _____ I further certify that the information submitted above is correct as per our records and do hereby recommend the application for consideration into membership of Adventist Sacco Society Limited.

PASTOR'S Signature _____ Date _____
Name _____

Organization's Official
Rubber Stamp

Official Use only

The Above member has been accepted/rejected into membership of Adventist Sacco on this day of _____ 20 _____ by the society management committee vote minute no. _____
Chief Executive Officer _____ Date _____

CHURCH MEMBERS MEMBERSHIP FORM



"My Sacco, my future"

THE CO-OPERATIVE SOCIETIES ACT FORM VII-NOMINATION FORM

**TO: THE CHAIRMAN,
ADVENTIST SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED,
P.O. BOX 41352-00100 NAIROBI – GPO**

I _____ I.D No _____ having applied to be
a member of Adventist Sacco Society Ltd; hereby nominate the following nominee(s) to
inherit my Shares, Deposits and Interest in the said Society in the following manner:

Name of nominee(s)	Date of Birth	National I.D No.	Relationship	% of Deposits/Interest
1.				
Address		Mobile Phone		
2.				
Address		Mobile Phone		
3.				
Address		Mobile phone		
4.				
Address		Mobile phone		
Totals				100%

Given under my hand on this _____ day of month _____ year _____
Applicant's signature _____

Witnessed by: (Must be two members of the Adventist Sacco Society LTD)

Name _____ Signature _____

Membership No. _____ ID/Passport No. _____

Name _____ Signature _____

Membership No. _____ ID/Passport No. _____