



# KANISA REGULATED NON-WDT SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD.

All Africa Conference of Churches compound, Opp. Safaricom House, Waiyaki Way.  
P.O. Box 1225, 00606 Sarit Center, Westlands, Nairobi, Kenya Tel: +254 714-612049  
+254 780-612049, |Facebook: <https://www.facebook.com/kanisaSACCO> Twitter:  
<https://twitter.com/kanisasacco> | Email: [info@kanisa-sacco.org](mailto:info@kanisa-sacco.org) | Website: [www.kanisa-sacco.org](http://www.kanisa-sacco.org)

*NB: Please attach a copy of your National ID and PIN Certificate and Two Passport Size Photos to this form*

Dear Honorary Secretary,

I hereby make an application to join and be admitted as a member of Kanisa SACCO Co-operative Society. I agree to abide by the Society's By-Laws and any amendment thereof.

## PART A: PERSONAL DETAILS

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_  
ID/PP No \_\_\_\_\_ PIN No \_\_\_\_\_  
Telephone No \_\_\_\_\_ Mobile No \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address (P.O. Box) \_\_\_\_\_ Postal Code \_\_\_\_\_  
City/Town \_\_\_\_\_ Country \_\_\_\_\_

## PART B: EMPLOYMENT DETAILS

Employers Name \_\_\_\_\_ Payroll No. \_\_\_\_\_  
Terms of Service Permanent  Contract  Self Employed   
Employers Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
City/Town \_\_\_\_\_ Country \_\_\_\_\_

## PART C: BANK DETAILS

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_  
Bank Code \_\_\_\_\_ Account No \_\_\_\_\_

*I confirm that the details provided herein are true and correct:*

Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## PART D: HOW DID YOU LEARN ABOUT KANISA SACCO

Social Media  Website  Friend  State Others  \_\_\_\_\_

## PART E: WITNESS DETAILS

Name \_\_\_\_\_  
ID/PP No \_\_\_\_\_ Member No \_\_\_\_\_  
Address (P.O. Box) \_\_\_\_\_ Mobile No \_\_\_\_\_  
Email \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## NEXT OF KIN NOMINATION FORM

Member's Name: \_\_\_\_\_ ID/PP No. \_\_\_\_\_

I, the undersigned, in the event of my death 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 (*the name(s) of the nominee can be given in a sealed letter*). I understand that I may alter the name of the nominated next of kin by filling in a subsequent nominated next of kin form.

### NOMINEES / NEXT OF KIN (FULL NAMES)

No	Full Names	Relationship	% of Allocation	ID Number	Email Address	Phone Number
1.						
2.						
3.						
4.						
5.						

### Nominated Trustee (In cases where the Next of Kin is below 18 Years)

No	Full Names	Relationship	ID Number	Email Address	Phone Number	Date
1.						
2.						

### WITNESSED BY:

No	Name	ID Number	Sign	Date
1.				
2.				

*This nomination cancels any other nomination given by me previously.*

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART F: OFFICIAL USE

Admission Date \_\_\_\_\_ Entrance Fee \_\_\_\_\_

Membership No \_\_\_\_\_

Official Name \_\_\_\_\_ Official Signature \_\_\_\_\_

### Confirmed by Hon. Secretary:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# MEMBER CONSENT AND AUTHORIZATION TO FINANCIAL RECORDS ACCESS FORM

Member's Name \_\_\_\_\_

Membership No \_\_\_\_\_

ID/PP No \_\_\_\_\_

I, the undersigned, declare that all information concerning my account at Kanisa SACCO is confidential and can only be revealed to a third party upon my written authorization.

The following listed person(s) have my consent to get the records at any time without any further reference to me:

Name	Identity Card No.	Mobile No.	Relationship

I understand that I may alter the name(s) of the mentioned person(s) by filling in a new confidentiality form.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# DEPOSITS AUTHORISATION FORM

To: Finance / HR Department .....

Through Kanisa SACCO Office:

I, Mr. / Mrs. / Miss .....

Payroll no .....hereby authorize and request you to deduct from my salary each payday the

sum of shillings.....(In words).....

with effect from..... 20..... to be paid to Kanisa Co-operative Savings and Credit Society Ltd. The instruction to terminate will only be done with the knowledge and approval of the Manager of the said Society.

NAME: .....

P.O Box .....Tel .....

Email (Office) ..... (Personal) .....

SIGNATURE: ..... DATE: .....

## FOR SOCIETY'S OFFICIAL USE ONLY

MEMBERSHIP NUMBER .....

DATE FORWARDED .....

SIGNATURE OF FORWARDING OFFICER .....

DESIGNATION .....