



Shelloyees Sacco Ltd.
Pamoja Twajijenga

Shelloyees Form SS-1

P.O Box 73902-00200 - Nairobi
Tel: 0713171618
Email: info@shelloyees sacco.co.ke

APPLICATION FOR INDIVIDUAL MEMBERSHIP

Entrance fee of Kshs. 1,000 should be included in the first month contributions. Share capital of Kshs. 35, 000 should be raised within the first 12 months of Membership. A member must be able to maintain a minimum monthly, savings, contribution of Kshs 2,000.00

1: INSTRUCTIONS

This form needs to be filled and returned to Shelloyees Sacco Limited,
P.O. Box 73902-00200, Nairobi, Kenya. Kindly attach the following mandatory documents:
One copy of your ID/Passport and KRA PIN
One recent passport size photo (Write your name, ID number and signature at the back)

2: APPLICANTS PARTICULARS:

NAME :(BLOCK LETTERS)

Date of Birth ID/Passport No.

Present Address:Tel No:.....

Mobile Phone No.....E-mail Address:.....

SOURCE OF FUNDS: Salary Business Proceeds Pension

Others (Specify).....

3: EMPLOYMENT DETAILS (to be completed by employed applicant)

Employer: Employers Address:

Tel No:Position in Employment:

Work Station:Department:Payroll No:

Certified-Company HR Department (Signature and Stamp)

Monthly contribution will be through: Check off Standing Order Cheque/Cash

4: AUTHORITY TO MAKE DEDUCTIONS FROM SALARY

To Head of Salaries Department,
.....
.....

IEmployee N0.M/No:.....

Hereby Authorize you to deduct the sum kshs (In words): from my salary every month and pay Shelloyees Co-operative Savings and Credit Society Limited with effect from20.....until further notice.

Member's Signature: Date:

Salaries Department Confirmation: (Signature and Stamp)

5: BUSINESS/SELF EMPLOYED DETAILS:

Type of business ;

Consumption & Social Services Land & Housing Agriculture Education Manufacturing
Human health Investment, Fin & Insurance Trade

Business/co name: if registered

Indicate the amount to be contributed below in figures and in words:

Amount in figures: Kshs..... (Amount in words)

Passport Size
Photograph

Monthly contribution will be through: Standing Order Cheque/Cash Mpesa

6: INTRODUCER

(Details of an Introducer) I..... ID/Passport

No.....M/No.....

Confirm that the applicant is my..... (relationship) and he/she is capable of independently making regular monthly contributions as a member of Shelloyees Sacco Ltd.

(Attach copy of a supporting document.)

Member's signature..... Date.....

7. NEXT OF KIN:

Name: Mobile:

Relationship :

8: MEMBER'S NOMINEE (AS PER BY-LAW 9.0)

Pursuant to the By-laws of this Society, I hereby nominate

No	Name	Relationship	% Allocation	I/D(if applicable)	Contact/Tel No

as the person(s) to receive the monies standing to the credit of my Shares and Deposit Account in the said Society at my death, less any indebtedness owed by me to the Society.

9. MOBILE BANKING/INTERNET BANKING

Enable mobile banking: Yes / No

Receive promotional SMS email : Yes / No

By providing my wireless phone number to Shelloyees., I agree and acknowledge that Shelloyees NWD T Sacco may send text and multimedia messages to my wireless phone number for any purpose. I agree that these text or multimedia messages may be regarding the products and/or services that I have previously purchased and products and/or services that Shelloyees NWD T Sacco LTD, may market to me. I acknowledge that this consent may be removed at my request but that until such consent is revoked, I may receive text or multimedia messages from Shelloyees NWD T Sacco Ltd to my wireless phone number

I hereby make application for membership of Shelloyees savings and credit cooperative society.

Specimen Signature

Dated this.....Day of20.....

Witnesses Name: Signature:

FOR OFFICIAL USE ONLY:

Data input in the system by: Name Sign & Date:

Approved by: Name Sign & Date:

Activated by: Name Sign & Date: