Shelloyees Form SS-1



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ADDITION FOR INDIVIDUAL MEMBERCHIR

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 contribution of Kshs 2,000. INSTRUCTIONS Passport size This form needs to be filled and returned to Shelloyees Sacco Limited. Photograph 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) **APPLICANTS PARTICULARS:** ID/Passport No. Date of Birth: Mobile Phone No.: E-mail Address: SOURCE OF FUNDS: Salary □ **Business** □ **Proceeds from Pension** □ Others (Specify).... **EMPLOYMENT DETAILS (To be completed by Employed Applicant)** Employer: Employer's Physical Address: Office Tel No: Position in Employment: Work Station: Department: Payroll No: Payroll No: Certified-Company HR Department(Signature and Stamp) Monthly contribution will be through: Check off □ Standing Order □ Cheque/Cash □ AUTHORITY TO MAKE DEDUCTIONS FROM SALARY To Head of Salaries Department, Member's Signature: Date: Salaries Department Confirmation (Signature and Stamp) **BUSINESS/SELF EMPLOYED DETAILS:** (To be completed by self-employed person and/or Business Owners) Type of business: Consumption & Social Services □ Land & Housing □ Agriculture □ Education Manufacturing □ Human health □ Investment □ Finance & Insurance □ Trade□

Business/co name: if registered

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

Postal Address: Business Tel. No.: Business 'Physical Address: Email Address:

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

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(Details of an Introducer) I			ID/Passport		
No Confin	m that the applicant is mybutions as a member of Shelloyees Sacco Ltd h copy of a supporting document.)	(relationshi	-		
Mem	ber's signature:	Date:			
	:		Mobile:		•••••
8: ME	CMBER'S NOMINEE (AS PER BY-LAW S	9.0)			
No	nnt to the By-laws of this Society, I hereby no Name	Relationship	%Allocation	I/D(if applicable)	Contact/Tel No
By promultir the promarke or mu I here	e mobile banking: Yes / No / Deviding my wireless phone number to Shello media messages to my wireless phone number oducts and/or services that I have previously at to me. I acknowledge that this consent may altimedia messages from Shelloyees NWDT State by make application for membership of Shemen Signature	yees., I agree and or for any purpose purchased and p be removed at n Sacco Ltd to my	I acknowledge that e. I agree that these roducts and/or serviny request but that wireless phone nur	e text or multimedia vices that Shelloyed until such consent mber	Γ Sacco may send text and a messages may be regarding es NWDT Sacco LTD, may
		Dated this .	Day o	of	20
Witne	sses Name:		Signature	e:	
Data i Appro Activa SPOT	OFFICIAL USE ONLY: nput in the system by: Name wed by: Name ted by: Name CCASH ACTIVATION ated By: Name		Sign & D	Oate:	