



Vienna Court
 State House Crescent Rd
 0713 171 618
 support@shelloyeessacco.co.ke
 www.shelloyeessacco.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 contribution of Kshs 2,000.

INSTRUCTIONS

This form needs to be filled and returned to Shelloyees Sacco Limited.
 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)

Passport size
 Photograph

APPLICANTS PARTICULARS:

NAME: _____ (BLOCK LETTERS)

Date of Birth: ID/Passport No.

Postal Address: _____ Physical Address: _____

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: _____

Certified-Company HR Department: _____ (Signature & Stamp)

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

AUTHORITY TO MAKE DEDUCTIONS FROM SALARY

To Head of Salaries Department,

I _____ Employee NO. _____ 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 from ____20 until further notice.

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)****APPLICANTS PARTICULARS:**

Type of business:

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

Business/co name: if registered _____

Postal Address.: _____ Business Tel. No.: _____

Business' Physical Address: _____ Email Address: _____

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

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

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

NEXT OF KIN:

Name: _____

Mobile: _____ Relationship: _____

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.

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 NWDT 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 NWDT 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 NWDT 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 of _____ 20_____

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: _____

SPOTCASH ACTIVATION

Activated by: Name _____ Sign & Date: _____

