



TELEPOST SACCO SOCIETY LTD

CITY SQUARE 5th FLOOR

P.O. Box 49557-00100 Nairobi,

TEL: 020 5029200/214 WhatsApp: +254 794582588

MEMBERSHIP APPLICATION FORM

SECTION A: FOR OFFICAL USE

SACCO Account No.:	Membership No:
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SECTION B: APPLICANT'S DETAILS

Surname:	Other Names:	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Date of Birth:	Marital Status:	Occupation:
County:	Sub-County:	Ward:

SECTION C: CONTACT DETAILS

Postal Address:	Postal Code:	Town/City:
Cell Phone:	Email:	Telephone:

SECTION D: IDENTIFICATION DETAILS

ID NO. (Attach Copy):	KRA PIN:(Attach Copy)
Passport No. (Attach Copy):	Expiry Date:

SECTION E: NEXT OF KIN DETAILS

NAME	ID No	RELATIONSHIP	MOBILE NUMBER	PERCENTAGE%

SECTION F: EMPLOYMENT DETAILS

Name of Employer:	Payroll:
County:	Sub-County
Terms of Employment (Permanent/Contract)	Workstation:
	Expiry Date:

SELF EMPLOYED

Name of Business:	Street/Building/Estate:
Office No.:	Nature of Business:

SOURCE OF FUNDS (Tick as appropriate)

Salary: <input type="checkbox"/>	Business: <input type="checkbox"/>	Pension: <input type="checkbox"/>	Others (Specify):
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SECTION G: ESTIMATED MONTHLY INCOME (Tick as appropriate)

0-20,000:	20,001-50,000:	50,001-100,000:	100,001-200,000:	Over 200,000:
<input type="checkbox"/>				

MONTHLY CONTRIBUTION

Kshs.

Amount in Words:

MODE OF CONTRIBUTION (Tick as appropriate)

Check off:	Sacco Standing Order:	Sacco Paybill (822221):
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SECTION H: REFERRED BY

Name:					ID No:
Designation:	Member: <input type="checkbox"/>	Staff: <input type="checkbox"/>	Delegate: <input type="checkbox"/>	Director: <input type="checkbox"/>	Others:

SECTION I: DECLARATION

1. I/We confirm that information given is true to the best of my/our knowledge. By signing this form, I/We request you to open an account in my/our name (s). I/We agree that I/We have read, understood and accepted the terms and conditions of this account, supplied separately, and agreed to be bound by them together with Sacco Legislations and any amendments thereof. I/We hereby authorize the Sacco to disclose any information relating to my/our account (s) to any Credit Reference Agency, any other Institution or third party as it deems necessary

Applicant Signature:	Date
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SECTION J: FOR OFFICAL USE**CUSTOMER CONFIRMATION CHECK LIST**

<input type="checkbox"/> Valid identification document obtained & Authenticated	<input type="checkbox"/> Customer contact information obtained
<input type="checkbox"/> Photographs obtained/captured and Authenticated	<input type="checkbox"/> Attached copies of ID or passport

CHECKED AND OPENED BY:

Name:	Signature:	Date:
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VERIFIED BY:

Name:	Signature:	Date:
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APPROVED AND ACTIVATED BY:

Name:	Signature:	Date:
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NOTE:

In the case of Natural person, please attach a copy of National ID/Passport, Passport Size Photo and KRA PIN certificate. In case of Group or Company, please attach copy of registration certificate, copies of National IDs/Passports of directors, Articles of Association, of Memorandum of Association, KRA PIN for both the company and the directors and Minutes.