



## **ASILI SACCO SACCO SOCIETY LIMITED**

Asili coop centre, Lower Ngara Road.Opp.Arya Boys Secondary School.  
P.O Box 49064-00100 Nairobi Mobile: 0722472823/0733472823/0730785500/0730785555  
Email:asilisacco@yahoo.com/infor@asilisacco.coop Website:http://www.asilisacco.coop  
**Customer Care WhatsApp No.0729875784**

PASSPORT PHOTO  
Passport photo

## **MEMBER APPLICATION FORM**

- Copy of ID    - KRA Pin    - Passport photo    -Registration fee of Kshs.1000

### **A: PERSONAL INFORMATION**

Full Name: .....

Mobile Number: ..... Tel No: .....

Date of Birth ( DD /MM/ YY): ..... Present Address: .....

ID/Passport No: ..... KRA pin..... Email Address: .....

Home/Permanent address: ..... County..... Sub County: .....

Location: ..... Village.....

### **B: EMPLOYMENT DETAILS( To be completed by an employed applicant)**

Employer: ..... Employers Address.....

Payroll Number: ..... Employer Email address: .....

Position in employment: ..... Work station: .....

Date of appointment: ..... Monthly Contribution.....

#### **Terms of Employment:**

☐ Permanent & Pensionable    ☐ Temporary    ☐ Contract    ☐ Casual

**C: BUSINESS DETAILS( To be completed by a business applicant)**

Business Name: ..... Business Address .....

Nature of business: ..... Approximate Monthly Income: .....

Business Location: ..... Business Reg. No: .....

Certificate of incorporation: .....

**Proposed mode of remittances:**☐ Check off ☐ Standing Order ☐ Paybill ☐ Direct Banking ☐ Others Specify

.....

Effective date (DD/ MM/ YY)

.....

**Authority to make deduction from my salary**

I..... will contribute KSH..... with effect

From ( DD /MM/ YY): .....

*Our Sacco, Our Future***D:NEXT OF KIN DETAILS**

S/No	Name	Relationship	Phone No:	Date of Birth	%
1.					
2.					
3.					
4.					

**I hereby declare that all the information provided is true. I agree to abide by the Society's By-laws, any other rules and regulations applicable. I am further willing to provide my personal information and consent to its use as prescribed in the Asili Sacco Data Protection Policy (The policy is available on our website: [www.asilisacco.coop](http://www.asilisacco.coop) and in our offices).**

**Applicant Signature: ..... Date: .....**

**E: REFEREE ( To be filled by the member introducing the applicant)**

I ..... of ID No ..... confirm that the applicant **Mr./Mrs/Ms** ..... is well known to me.

Referees Signature: ..... Date .....

**F: IMPORTANT DETAILS TO MEMBERS**

1. You can deposit money anytime to your Asili Sacco Account via M-PESA PayBill.

- ✓ M-PESA Pay Bill/ Business Number: **638018**
- ✓ Account Number: Enter your National ID Number

2. You can also deposit money through our Bank account details below:

- ✓ BANK: Cooperative Bank ( MOI AVENUE)
- ✓ Account Number: **01120000536900**

**G: OFFICIAL USE ONLY**

**Membership form**

Received by: ..... Signature ..... Date .....

Data captured by: ..... Signature ..... Date .....

Approved by: ..... Signature ..... Date .....