



ASILI SACCO SACCOSOCIETY 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/info@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):

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 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