



Faridi Savings And Credit Co-operative Society Limited

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Attach Passport
Photo

MEMBERSHIP APPLICATION FORM

SECTION A: OFFICIAL USE

SACCO Account No.: _____ Membership No.: _____

Single Account Joint Account (Indicate number of partners) _____

SECTION B: APPLICANT'S DETAILS (Attach copies of your ID, both sides)

Surname: _____ Other Names: _____

Gender: Male _____ Female: _____ (Tick appropriately)

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: _____

Passport No. (Attach Copy): _____ Expiry Date: _____

SECTION E: NEXT OF KIN DETAILS (Always update when necessary)

1. Name: _____ Relationship: _____

ID No.: _____ Cell Phone: _____

Email Address: _____ P.O. Box: _____

CODE: _____ Town/City _____

2. Name: _____ Relationship: _____

ID No.: _____ Cell Phone: _____

Email Address: _____ P.O. Box: _____

CODE: _____ Town/City _____

SECTION F: EMPLOYMENT DETAILS

Name of Employer: _____ Payroll No.: _____

County: _____ Sub-County Ward: _____

Terms of Employment

(Permanent/Contract)

Expiry Date: _____

SELF EMPLOYED:

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

Nature of Business: _____

SOURCE OF FUNDS (Tick as appropriate)

Salary: Business: Pension: Others (Specify): _____

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:

MODE OF CONTRIBUTION (Tick as appropriate)

Check off: Faridi Sacco Standing Order: FARIDI SACCO Sacco Paybill (412398): External
Standing Order

SECTION H: REFERRED BY

Name: _____ ID No: _____

Member: Staff: Delegate: Director: Others:

SECTION I: DECLARATION

1. I/We authorize Faridi Sacco to issue an ATM card/Mobile Banking to my/our account and warrant that the information given above is true and complete. I/We authorize you to make any enquiries necessary in connection with the application. I/We accept and agree to be bound by the conditions of use, detailed overleaf (as amended from time to time). I/We agree that I am/we will be liable for all charges incurred through the use of this card. I/We understand that my/our application can be declined by the Sacco without giving reason (s) to the extent permitted by law.
2. 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 (s) Signature: _____ Date _____

SECTION J: FOR OFFICIAL USE (checklist)

- | | |
|---|---|
| <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 card, Pay slip, and Utility bill passport size Photograph, Letter from Chief |

CHECKED AND OPENED BY:

Name: _____ Signature: _____ Date: _____

VERIFIED BY:

Name: _____ Signature: _____ Date: _____

APPROVED AND ACTIVATED BY:

Name: _____ Signature: _____ Date: _____

NOTE:

In the case of Natural persons, please attach a copy of National ID/Passport, copy of pay slip or introduction letter from employer or KRA PIN certificate and Filed Nominee Card. In case of Artificial persons, 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. In case of persons from informal employment, a letter from Chief or Assistant Chief to be attached.