

## MEMBERSHIP APPLICATION FORM

P.O BOX 663-00621, V/Market. Email: [info@karurasacco.or.ke](mailto:info@karurasacco.or.ke) Call centre: 0741888000. Website: [www.karurasacco.or.ke](http://www.karurasacco.or.ke)

Please complete in BLOCK LETTERS. Attach; One recent coloured Passport Photograph. Copy of National ID /Valid Kenyan Passport/Alien ID and a copy of KRA PIN.

I hereby make an application for membership and agree to conform to KCS Sacco by-laws and any amendments thereof: <https://karurasacco.or.ke/wp-content/uploads/2025/01/by-laws.pdf>

### SECTION A: APPLICANTS BIO DATA

MR/Mrs/Ms. Others (specify)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Name (as per National ID):	
ID/Passport No:	Date of birth
Country of residence:	Marital status
County/Province/City/State:	Postal address code:
Primary Mobile Number:	Other Number:
KRA PIN	Email:

### SECTION B: OCCUPATION DETAILS

Employed <input type="checkbox"/>	Self Employed/Biashara <input type="checkbox"/>
Employer:	Business Type/Name:
Employers address:	Business Address/Location:
Gross monthly income:	Gross monthly income:
Payroll No:	

### SECTION C: OTHER SOURCES OF INCOME

Pension income: ☐ Others (please specify): ☐ \_\_\_\_\_

### SECTION D: REMITTANCES

Proposed Monthly Contribution: (Kes.) \_\_\_\_\_ Amount in Words \_\_\_\_\_

Proposed Mode of Remittances: Check off ☐ Direct Debit ☐ Mpesa ☐ Others (specify) ☐ \_\_\_\_\_

### SECTION E: INTRODUCED BY

Please specify on how you came to know/learn about the Sacco:

KCS Sacco Staff	Name:	Mobile No:
Existing Member	Name:	Membership No:
Social Media	Channel (Facebook, Instagram, Website, Tiktok):	
OTHERS (please specify)		

#### SECTION F : NOMINEE/NEXT OF KIN DETAILS

I the undersigned, upon my demise whilst a member of the society, hereby instruct the society to pay all amounts due to me less any debts to the society, to the person(s) named in this section. I understand that I may alter the name of nominated next of kin by filling a subsequent nominee card

Name	National ID/ passport no	D.OB	RELATIONSHIP	TEL NO.	PERCENTAGE % ASSIGNED

PLEASE PROVIDE A guardian if the nominee is / are below 18 years

Name:	National	Mobile
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#### SECTION G: TERMS AND CONDITIONS

- ☐ Termination of membership is 60 working days upon submission of request. A 3 % charge on deposit will apply.
- ☐ Upon dormancy of an account ,a charge of Ksh. 500 will apply to re-activate account.

#### SECTION H : APPLICANT SIGNATURE AND DECLARATION

I ..... declare that all particulars given by me are true. I confirm that I have read the terms and conditions governing the opening, operating and closure of membership and related e-channels of KCS Sacco and agree to be bound by them. I further unequivocally consent that my personal data, collected in connection with such and conditions, may from time to time be used and disclosed for such lawful purposes and to such persons as may be in accordance with the KCS Sacco's prevailing privacy policy, and relevant laws, as mended from time to time.

NAME.....

SIGNATURE..... DATE.....

#### SECTION I : FOR OFFICE USE ONLY

KYC verification and member interview done by :

Name	Staff Number	Signature
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Data captured by:	Signature:	
System approval by:	Signature:	
Assigned Member Number		
Member's file opened by:		