

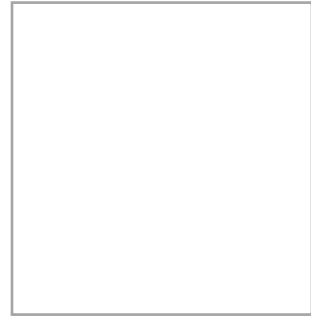
Membership No:.....

Fosa Account No.....

APPLICATION FOR MEMEBERSHIP FORM

Requirements:

- 1. One most recent passport size photograph
- 2. Most recent pay slip
- 3. Copy of ID
- 4. Membership fee Kshs.500/=



APPLICANTS PERSONAL AND EMPLOYMENT DETAILS

Surname..... other names.....

Date of Birth..... ID No:..... PIN No:..... Cell No.....

Employer Terms of service(Permanent/ Temporary/ Contract)

Date of Employment..... Designation

Employment No: Workststion.....

County Sub- county.....

Present Address P.O Box..... Code Town

Email Address:

MEMBER'S NOMINEE

Pursuant to the by-laws of this society, I hereby nominate the person (s) named hereunder to receive the monies standing to the credit of my shares and deposits accounts and other dues at my death.

Name	ID No	Relationship	Percentage
1.			
2.			
3.			
4.			
5.			
6.			
7.			

AUTHORITY TO THE EMPLOYER TO DEDUCT THROUGH CHECK- OFF

I whose particulars are shown above, do hereby give my employer of P.O. Box Code

Town Authority to deduct from my salary every month an amount of Kshs..... as deposit and Kshs 200/= as insurance.

FOSA ACCOUNTS SERVICE

Tick the appropriate box for services you wish rendered:

VISA BRANDED ATM CARD	<input type="checkbox"/>	SMS BANKING	<input type="checkbox"/>
PAY POINT	<input type="checkbox"/>	CHEQUE BOOK	<input type="checkbox"/>

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the Society's by laws.

NB: Signature as used in all banking transactions

NAME IN FULL (BLOCK LETTERS)	NATIONAL ID/ PASSPORT	SIGNATURE

FOR OFFICIAL USE ONLY

Witnessed by Sacco Officer

Approved by:

Chief Executive Officer, Signature..... Date.....

Registry Officer:

Name Signature..... Date.....

Membership No: Receipt No: Admission Date.....

Name..... Signature..... Date.....

Data captured by Finance

Name Signature Date.....

Data Capture by FOSA

Name Signature Date.....

Data captured verified by:

Name Signature Date