

# KENYA RE SAVINGS & CREDIT CO-OPERATIVE SOCIETY

15<sup>th</sup> Floor, Reinsurance Plaza  
P. O. Box 30271-00100 Nairobi GPO  
Telephone: (254 20) 220 2000, +254 703 083000  
Email: [kenyaresacco@kenyare.co.ke](mailto:kenyaresacco@kenyare.co.ke)

Attach  
Coloured  
Passport  
Photo  
here

## MEMBERSHIP APPLICATION FORM

- *Attach copy of your ID card/Passport, KRA PIN Certificate and two passport size photos*
- *You must be introduced by an existing active member of the Sacco who must sign PART D*
- *You confirm that you have read and understood the by-laws of the Sacco*
- *Your form will only be accepted upon payment of the prescribed application fees plus the initial contribution for the first month as indicated in PART C*

### PART A: PERSONAL DETAILS

Full Name: \_\_\_\_\_

Pin Number (from KRA): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Postal Addresses: P. O. Box \_\_\_\_\_ Postcode: \_\_\_\_\_

Town/City: \_\_\_\_\_ Tel: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

### PART B1: FORMAL EMPLOYMENT DETAILS

Are you employed? ☐ YES ☐ NO If YES, please fill details below, if NO go to **PART B2:**

Employer's Name: \_\_\_\_\_ Staff No. \_\_\_\_\_

Employer's Postal Addresses: P. O. Box \_\_\_\_\_ Postcode: \_\_\_\_\_

Office Building: \_\_\_\_\_ Road/Street \_\_\_\_\_

Town/City: \_\_\_\_\_ Tel: \_\_\_\_\_

### PART B2: SELF EMPLOYMENT/BUSINESS DETAILS

Are you Self-Employed? ☐ YES ☐ NO If yes, please fill details below:

Name of Business/Trade Name: \_\_\_\_\_

Postal address: \_\_\_\_\_ Post Code \_\_\_\_\_

Nature of the business: \_\_\_\_\_

Business Location: Town \_\_\_\_\_ Building \_\_\_\_\_

Road \_\_\_\_\_ Street \_\_\_\_\_

### **PART C: CONTRIBUTIONS**

Initial monthly Contributions (indicate **NIL** where not applicable):

DESCRIPTION	AMOUNT {KSHS}
1. SHARE CONTRIBUTION (COMPULSORY)	
2. SCHOOL FEES SAVINGS	
3. HOLIDAY/X-MAS SAVINGS	
4. JUNIOR SAVERS	

I confirm that all the information given above are true to the best of my knowledge.

Signed \_\_\_\_\_ date \_\_\_\_\_ ID/PP No. \_\_\_\_\_

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### **PART D: TO BE FILLED BY THE INTRODUCER**

Introduced by: \_\_\_\_\_ Introducer M/no. \_\_\_\_\_

I confirm that I personally know the applicant and confirm the accuracy of the information supplied herein by the applicant.

Signature of Introducer: \_\_\_\_\_ Date: \_\_\_\_\_ ID/PP No \_\_\_\_\_

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### **PART E: OFFICIAL USE ONLY**

CHECK AND CONFIRM THAT THE FOLLOWING ARE ATTACHED				
Copy of ID Card/Passport	Passport size photos	Application fees paid	Initial Contribution Paid	Copy of PIN Certificate

Checked by: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### **PART F: EXECUTIVE COMMITTEE SECTION**

Application Accepted or Rejected: \_\_\_\_\_

If rejected, give reasons \_\_\_\_\_

Membership number assigned to the applicant:

Approved by (Name) \_\_\_\_\_, Sign \_\_\_\_\_

Date and Stamp: \_\_\_\_\_

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### MEMBER'S NOMINATED BENEFICIARY

Full name of member: \_\_\_\_\_ Member No. \_\_\_\_\_

P. O. Box \_\_\_\_\_ Post Code \_\_\_\_\_ Town \_\_\_\_\_

Telephone Number \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

nominate the following persons as beneficiaries, to be the persons to whom on my death or demise, my shares, deposits, savings or any other interests less any sums due to the Society shall be transferred : -

NAME OF NOMINATED BENEFICIARY		RELATIONSHIP	PERCENTAGE
1			
2			
3			
4			
5			
SHOULD ADD UP TO 100% ONLY			

#### CONTACT DETAILS FOR THE BENEFICIARIES:

P. O. Box \_\_\_\_\_ Post Code \_\_\_\_\_ Town \_\_\_\_\_

Telephone Number \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_ ID/PP No. \_\_\_\_\_

**NB: - This form should be filled again if you wish to change your nominee**