



# VISION CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LTD.

Crossroads Plaza, along Westlands Road - Westlands. CS NO. 3342 P.O. Box 1240-00502 NAIROBI, KENYA. 0117661639

Email: [info@visionsacco.com](mailto:info@visionsacco.com) Website: [www.visionsacco.com](http://www.visionsacco.com)

## APPLICATION FOR MEMBERSHIP

Membership No Allocated

### 1. APPLICANTS PERSONAL INFORMATION

I hereby make an application for membership and agree to abide by the Vision Sacco Society by-laws, policies and any Amendments thereof. (Attach a copy of Pin certificate and I.D No/Passport).

Name..... Date of Birth..... ID/PP No.....  
 Phone No..... KRA Pin..... Gender..... Marital Status.....  
 Nationality..... County..... Sub-County..... Ward.....  
 Location..... Sub-Location..... Personal Email Address.....  
 Postal Address..... Code..... Town/City..... Current Residence.....

### 2. EMPLOYMENT DETAILS:

Employer ..... Designation ..... Payroll No.....  
 Terms of Service ..... Work Station.....  
 Employer Postal Address ..... Employer Tel. No.....

### 3. BUSINESS DETAILS (If in Business)

Name of Business..... Business Type..... Location.....

### 4. INTRODUCER/REFEREE

Name of Member Introducing the Applicant..... M/No.....  
 Relationship with Applicant..... Phone No..... E-mail.....

### 5. NOMINATED NEXT OF KIN

I, the undersigned, in the event of my death, 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 the nominated next of kin by filling in a subsequent Nominated next of kin Form.

Name	Relationship	%of Deposits	ID Number	Date of Birth	Phone Number	Email Address
1.						
2.						
3.						
4.						

Witnessed by:

NAME..... I.D No. .... MNO ..... Signature..... Date.....

### 6. AUTHORIZATION TO DEDUCT DEPOSITS/SAVINGS FROM PAYROLL (For Check-off Members Only)

I hereby authorize Ksh..... to be deducted from my salary every month with effect from the month of..... 20.....

### 7. BANK ACCOUNT DETAILS:

Account Name..... Account No:..... Bank:..... Branch:.....

I hereby confirm that the information given above is true and correct and I authorize the Sacco to use it for the purpose of the Sacco business and in accordance with the Sacco policies, by-laws, rules and regulations.

Signature..... Date.....

### FOR OFFICIAL USE ONLY:

Membership Fee Paid (Ksh) ..... Date.....

Verified and Registered by..... Sign..... Date.....

Approved by..... Sign..... Date.....