



**VISION CO-OPERATIVE SAVINGS  
AND CREDIT SOCIETY LTD.**

Crossroads Plaza, along Westlands Road - Westlands. CS NO. 3342 P.O. Box1240-00502 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	
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**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.....