



IMARISHA SACCO SOCIETY LTD

HEAD OFFICE
KERICHO/NAKURU ROAD

P.O.BOX 682-20200, TEL: 254-052-30229, KERICHO

MOBILE NO.: 0709 578 000 Website: imarishasacco.co.ke Email: imarisha@imarishasacco.co.ke, diaspora@imarishasacco.co.ke

APPLICATION FOR MEMBERSHIP IN THE SOCIETY

I hereby make an application for membership in Imarisha Sacco Society Ltd and agree to conform to the By-Laws and any other amendment thereof, and will pay Kshs. 360 for class A and Kshs 160 for class B as entrance fee and a monthly contribution of Kshs.....(Minimum Kshs. 1,600 for Class A & 1,300 for Class B)
(Attach a copy of your ID/Passport and Pay Advise)

Source of Funds to contribute for Class B Members (Tick where applicable) Farming ☐ Business Income ☐

Full Names:

Date of Birth: PASSPORT/ID NO.:

Marital Status: Gender: Tel. No:

E-mail Address: Mobile No:

Workstation Details:

Workstation:

Official Designation:

Next of Kin: Kindly fill the separately attached form

Home/Permanent Address:

Signature: Date:

OFFICIAL USE

Membership No.: Classification: Class A ☐ Class B ☐

Date of Admission: Minute No. :

BOD Signature: Date:

FOSA SAVINGS ACCOUNT

I also apply to open a *FOSA Savings Account* with Imarisha Sacco Society Ltd.

FOSA Savings A/C No

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Indemnity Clause:

I/We agree that this account shall be operated solely at the discretion of the Sacco and hereby indemnify the Society at my/our cost against any loss incurred or claims out of the account being closed without notice because of unsatisfactory performance.

Signature: Date:

Created By: Name Signature: Date:

Verified By: Name Signature: Date:

Witness

Witness Name: Membership No:..... Witness Sign: Date:.....

REGISTRATION FOR M-BANKING SERVICE

Mobile Number:

Declaration: I hereby apply for M-Imarisha service through the mobile number provided above. I understand that Imarisha Sacco shall not be liable for any losses resulting from loss of pin or mobile phone number. I also understand that I shall incur all charges through the use of this service

Applicant Signature: Date:

DATA OFFICE

The first contribution is due in the month of: Year.....

Computation By: Signature: Date: