



# IMARISHA SACCO SOCIETY LTD

HEAD OFFICE  
IMARISHA SACCO BUILDING  
ALONG KERICHO-NAKURU HIGHWAY  
P.O.BOX 682-20200

A Deposit Taking Sacco licenced and regulated by SASRA

MOBILE NUMBER: +254709578000

Website: [www.imarishasacco.co.ke](http://www.imarishasacco.co.ke)

Email: [imarisha@imarishasacco.co.ke](mailto:imarisha@imarishasacco.co.ke)

## MEMBERSHIP APPLICATION FORM

**Requirements:** (i) Copy of ID or Passport (ii) KRA PIN (iii) Most recent Payslip

### SECTION I: APPLICANT'S BIO DATA

Mr/Ms Others (Specify)	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Name (As in the National ID):			
ID/Passport No		Date of Birth	D D M M Y Y Y Y
Country of Residence:	Marital Status:		
County:	Location:	Sub-location:	City:
Current Address:		Home Address:	
Mobile Number:		Email Address	
KRA PIN:			

*(Joint account applicants should complete and attach the other application forms)*

### SECTION II: EMPLOYMENT DETAILS

Employed <input type="checkbox"/>	Self Employed <input type="checkbox"/>
Name of Employer:	Nature of Business:
Address of Employer:	Business Location:
Terms of Employment: Contract <input type="checkbox"/> Permanent <input type="checkbox"/>	Projected Monthly Income: Ksh _____
Payroll Number:	
Official Designation:	

### SECTION III: REMITTANCES

Monthly Contribution: (Subject to a minimum of Ksh. 1,600 for Class A and 1,300 for Class B) Ksh _____
Class A <input type="checkbox"/> Class B <input type="checkbox"/>
Mode of Remittance: Check-off <input type="checkbox"/> Direct Debit <input type="checkbox"/> MPESA <input type="checkbox"/> Other (Specify) _____

### SECTION IV: REGISTRATION FOR E-CHANNELS

I hereby apply to be enrolled for the services checked below;

VISA Card ☐ M-Imarisha ☐ Members' Portal ☐ SMS ☐ Personal Chequebook ☐

M-Imarisha mobile number \_\_\_\_\_

## **SECTION V: DECLARATION AND SIGNATURE**

I \_\_\_\_\_ declare that all the particulars given by me are true. I do confirm that I have read the terms, conditions governing the opening, operating and closure of membership and related e-channels of Imarisha Sacco Society Ltd, and agree to be bound by them. I further unequivocally consent that my personal data, collected in connection with such terms and conditions, may from time to time be used and disclosed for such lawful purposes and to such persons as may be in accordance with the Imarisha Sacco's prevailing Privacy Policy, and the relevant laws, as amended from time to time. I also agree that this account shall be operated solely at the discretion of the Sacco and hereby indemnify the society at my cost against any loss incurred or claims out of the account being closed without notice because of unsatisfactory performance. Refer to the terms and Conditions in the last page.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Fingerprint

*(ONLY for those who cannot append their signature)*

## **SECTION VI: NEXT OF KIN**

Name \_\_\_\_\_ ID No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Relationship with the applicant \_\_\_\_\_

## **SECTION VII: OFFICIAL USE ONLY**

Application verification by \_\_\_\_\_ P NO. \_\_\_\_\_ Signature \_\_\_\_\_

Member Classification Class A ☐ Class B ☐

Introduced By: \_\_\_\_\_ Membership No. \_\_\_\_\_ Designation \_\_\_\_\_

Data Capture By: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Membership Number

Account Number 

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### **BOD Approval:**

MINUTE No. \_\_\_\_\_

Name (Initials): \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_