IMANILINE SAVINGS & CREDIT
CO-OPERATIVE SOCIETY LTD
P.O.BOX 21814 00100
TELEPHONE: 0702634650.
EMAIL: imanilinesacco@gmail.com.

IMANILINE SACCO MEMBERSHIP APPLICATION FORM

I hereby make application for membership of the society and agree to abide by the By-Laws and any amendments thereof, in the Imaniline Savings and Credit Co-operative Society Ltd.

MANDATORY DOCUMIENTS REQUIRED:

1. Applicant's ID/ Passport copy
2. Applicant's Passport size photo (WRITE NAME AT THE BACK)
3. Copy of the next of kin's LD/ Passport/ birth certificate in case *of minors'*
4. Next of kin's passport size photo (WRITE NAME AT THE BACK)
5. Copy of KRA Pin certificate if available

MEMBER DETAILS (USE BLOCK LETTERS)

Name: .....ID/Passport No: .....

Date of Birth: .....Email: .....

P.O Box: ..... Code: ..... Town: .....

Phone No..... Region / Residence: .....

Gender (M/F): ..... Marital Status..... Spouses Membership No (If spouse is a member): .....

BANK DETAILS

Bank: ..... Branch: ..... A/c No: .....

EMPLOYMENT DETAILS

Employers Name: ..... Position: .....
Email: .....

Physical Location: ..... Telephone No: .....

NEXT OF KIN DETAILS

Full Names	ID/Passport/Birth Certificate	Phone No.	Email Address	Relationship	Allocation

NOTE: Should any of the details change, Please inform us immediately

Applicants

Signature: .....Date.....

Introduced by: ..... **{M/No.] .....**

Sign.....,

NB: ALL PAYMENTS TO BE MADE DIR ECTLY TO IMANILINE SACCO BANK ACCOUNT AND THE DEPOSIT SLIP/PAYMENT REFERENCE REMITTED WITH THIS APPLICATION FORM

CO-OPERATIVE BANK BRANCH/ACCOUNT NO

OFFICIAL USE ONLY

KES 1,000 - Entry Fees paid on..... Receipt No..... Membership /Admission date..... ....

Allocated Member Number.....

Approved by Management Committee

Approvers' Names: .....AND .....

Approvers' Signatures: .....AND .....

Approval Date: .....AND .....

Disclaimer: The Board reserves the right of Admission.