

**SECTION 8: MBANKING SERVICES**

I \_\_\_\_\_ ID NO: \_\_\_\_\_ authorize Waumini Sacco Society LTD to register my mobile no. \_\_\_\_\_ for M-Banking services. I accept and agree to be bound by the conditions of use, detailed overleaf (as amended from time to time). I agree that am liable for all charges incurred through the use of M-Banking.

**SECTION 9: REMITTANCES**

I hereby authorize you to deduct Kshs. \_\_\_\_\_ Monthly Deposits Contribution and Kshs. \_\_\_\_\_ Share Capital Contribution with effect from the month of \_\_\_\_\_ until further notice. Please tick the mode of remittance appropriately. PAYROLL CHECK OFF

FOSA  EFT  CHEQUE/DIRECT DEPOSIT  MPESA

Entrance fee for employees of Catholic managed institutions will be recovered from contributions of the first payroll.

**All remittances should be deposited at any Equity Bank Branch, Account No. 0550299932764 in name of Waumini Sacco Society Ltd, Westlands Branch or Mpesa Paybill 700100 (Always indicate your membership number and full names on the deposit slip). CAUTION DO NOT PAY CASH TO ANY INDIVIDUAL)**

**SECTION 10: DECLARATION**

I declare all the information given herein is true and I shall abide by all the terms and conditions laid down by the Sacco. (Note: Giving false information is an offence under the laws of Kenya)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_ MEMBERSHIP NO: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION 11: INTRODUCTION TO WAUMINI SACCO SOCIETY LTD**

How did you know about Waumini Sacco: Social Network  Media

Website  Member  Others \_\_\_\_\_

If you were introduced by a Waumini Sacco member, give their details;

Name \_\_\_\_\_ Membership No. \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

We have checked and confirmed that all the information given above is correct:

MEMBERSHIP NO: \_\_\_\_\_ FOSA SAVINGS ACCOUNT: \_\_\_\_\_

REGISTERED BY: \_\_\_\_\_ SIGNATURE & DATE: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_ SIGNATURE & DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ SIGNATURE & DATE: \_\_\_\_\_

**WAUMINI SACCO SOCIETY LTD**

Old Waumini House, Eastern Wing, 1<sup>st</sup>Floor, Chiromo Road, Westlands

P.O. Box 66121 – 00800  
Westlands,  
Nairobi, Kenya  
Website: www.wauminisacco.com

Tel: 4441708, 4441738, 4450083,  
Mobile 0734 666226, 0728 606059, 0706579356  
SMS line 0727 508 699  
Email: info@wauminisacco.com



Serial No: \_\_\_\_\_

**APPLICATION FOR MEMBERSHIP FORM**

Requirements:

1. Passport size photograph
2. Photocopy of national ID/Passport
3. Marriage certificate/Affidavit or Birth certificate (For spouse and children membership)

AFFIX PASSPORT PHOTO HERE

I hereby make an application for the membership and agree to conform to the co-operative by- laws and any amendment thereof.

(Complete this Form in Capital Letters)

**SECTION 1: APPLICANT'S PERSONAL INFORMATION**

TYPE OF MEMBER: Employee of Catholic Managed Institutions  Spouse  Son/Daughter

Catholic Faithful

FULL NAME: Mr. /Mrs. /Miss/Dr/Fr/Sr. \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: MALE  FEMALE

COUNTRY OF BIRTH: \_\_\_\_\_ COUNTY: \_\_\_\_\_

ID/PASSPORT NO: \_\_\_\_\_ PASSPORT EXPIRING ON: \_\_\_\_\_

HOME POSTAL ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PRESENT POSTAL ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**SECTION 2: EMPLOYMENT DETAILS**

EMPLOYER: \_\_\_\_\_

EMPLOYER'S POSTAL ADDRESS: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

POSITION IN EMPLOYMENT: \_\_\_\_\_

TERMS OF EMPLOYMENT: PERMANENT  CONTRACT

DATE OF APPOINTMENT: \_\_\_\_\_ PAYROLL NO: \_\_\_\_\_

**SECTION 3: BUSINESS DETAILS (To be completed if not in employment)**

BUSINESS NAME: \_\_\_\_\_

BUSINESS POSTAL ADDRESS: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

BUSINESS PHYSICAL LOCATION: \_\_\_\_\_

**SECTION 4: BENEFICIARY DETAILS**

I, the undersigned in the event of my death whilst a member of the Society hereby instructs the Society to pay all amounts due to me, less any debts to the Society to the person named in this section. (The name of nominees' can be given in a sealed letter). I understand that I may alter the name of the Nominated next of kin by filling a subsequent Nominated Next of Kin Forms

	Full Names	Relationship to member	Allocation in %	ID/passport No.	Postal Address	Mobile No

**SECTION 5: REFEREES MEMBER DETAILS (For spouse and young investors)**

I, \_\_\_\_\_ Membership No. \_\_\_\_\_ do hereby introduce

Mr./Mrs/Ms./ Dr \_\_\_\_\_ ID/Passport No. \_\_\_\_\_

who is my husband/Wife/Son/Daughter to join the membership of Waumini Sacco Society Ltd.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 6: ENDORSEMENT BY PARISH (To be completed by those not employed by a catholic institution and are neither spouse nor children to Waumini Sacco members)**

I have known Mr./Mrs/Ms \_\_\_\_\_ for \_\_\_\_\_ years. I further confirm that she/he is a person of integrity and noble character. I am pleased to recommend him or her to open an account with Waumini Sacco Society Ltd.

NAME OF SMALL CHRISTIAN COMMUNITY (JUMUIYA): \_\_\_\_\_

NAME OF CHAIRPERSON : \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF SECRETARY: \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF PARISH: \_\_\_\_\_ DIOCESE: \_\_\_\_\_

NAME OF PARISH PRIEST : \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARISH STAMP

**SECTION 7: FOSA ACCOUNT OPENING**

I hereby apply to open a FOSA savings account and undertake to comply, observe and be bound by the general terms, conditions and tariffs made by the Waumini Sacco Society Ltd in force and as amended from time to time pertaining to this account.

**SACCO LINK ATM CARD APPLICATION (OPTIONAL)**

Kindly process an ATM card on my FOSA savings account, I warrant that the information given is true and complete. I authorize you to make any enquiries necessary in connection with this application. I agree that I will be liable for all charges incurred through the use of this card.

NAME: \_\_\_\_\_ ID NO: \_\_\_\_\_

SIGNATURE OF APPLICANT (within the box)