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## **WANANDEGE SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD MEMBERSHIP APPLICATION FORM**

**TO: WANANDEGE SACCO LIMITED**  
**PO BOX 19074 – 00501**  
**JKIA, EMBAKASI**  
**EMAIL: [Customercare@wanandegesacco.com](mailto:Customercare@wanandegesacco.com)**

### **Terms and conditions**

1. Minimum ownership share capital is 30,000 Kenyan shillings.
2. Minimum monthly deposit contribution is 3, 000 Kenyan shillings.
3. One off registration fee is 1,000 Kenyan shillings, paid in cash or recovered from the initial deposit contribution.

### **A: APPLICANTS PARTICULARS**

1.	NAME		6.	DATE OF BIRTH	
2.	ID NO (Attach copy)		7.	EMPLOYER	
3.	KRA PIN		8.	TERMS OF EMPLOYMENT	Permanent/ Contract
4.	TEL NO.		9.	STAFF NO.	
5.	EMAIL ADDRESS		10.	P.O.BOX	CODE
			11.	TOWN	

I, the above named, hereby make application for membership of **WANANDEGE SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD** and agree to conform to the **BY-LAWS** and/or any subsequent amendments thereof.

NAME.....SIGNATURE.....DATE.....

### **B: REMITTANCES**

I .....ID no..... hereby authorize you..... to make deductions from my salary of Kshs..... to be remitted towards monthly deposit contribution and Ksh..... towards share capital contribution to **Wanandegge Savings and Credit Cooperative Society Ltd**. I further authorize the Society to advise my employer from time to time whenever other additional deductions are required. The society's instructions shall be taken as if given under my hand. These instructions shall remain in force until further notice.

### **OTHERS**

☐ Standing Orders

☐ Cash on the counter

☐ MPESA – Paybill

**C: NOMINATION FORM (Rule 32(4))**

I ..... hereby nominate the following nominee(s) to inherit my shares/deposits and/or any other interest in Wanandegge Sacco Society Ltd in the following manner:

Name of nominee(s)	ID Number	Date of Birth	Relationship	% of share/ deposit/interest	Contact Telephone no.
1.					
2.					
3.					
4.					
5.					

(If nominee appointed is a minor, kindly indicate guardian/next of kin for that minor)

Given under my hand this..... Day of ..... 20.....

Signature.....

**D: SPECIMEN SIGNATURE AND DECLARATION**

I confirm the information given above is true to the best of my knowledge. I agree to abide by the by-laws of this society as provide on <https://www.wanandegesacco.com/index.php/resourse-centre/by-laws> I have read and agreed to abide by the terms and conditions for this application. I consent that my personal data collected with such terms and conditions be disclosed for such lawful purposes and persons in accordance with the sacco privacy policy

Wanandegge Sacco Limited is the custodian of your data in compliance with Data Protection Act, 2019. The SACCO may disclose your Personal Data to 3rd Parties in good faith. This may be necessitated by but not limited to; legal obligations, loan recovery and IT Systems service providers contracted to work for the Sacco. By submitting this form, you are consenting to the above.

Name..... signature ..... date .....

**E: OFFICIAL USE ONLY**

	NAME	DESIGNATION	STAFF NO	SIGNATURE	DATE
Recommended by recruiting officer					
Member personal details verified vide IPRS					
Account opened in the system					
-----Payroll deductions effected for month.					

**ADMISSION APPROVED BY BOARD OF DIRECTORS MEETING ON DATE----- MIN/NO.....**

**Signed and Sealed by CEO.....**