



PHOTO

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

**TO: WANANDEGE SACCO LIMITED**  
**PO BOX 19074 – 00501**  
**JKIA, EMBAKASI**  
**EMAIL: 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     |  | 7.  | EMPLOYER            |                     |
| 3. | KRA PIN   |  | 8.  | TERMS OF EMPLOYMENT | Permanent/ Contract |
| 4. | TEL NO.   |  | 9.  | STAFF NO            |                     |
| 5. | EMAIL ADD |  | 10. | P.O.BOX             | CODE                |
|    |           |  | 11. | TOWN                |                     |

**B: REMITTANCES (Rule 31(a))**

I .....ID no..... hereby authorize my employer..... to make deductions of Kshs..... to be remitted towards monthly deposit/shares account, w.e.f .....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.

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

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

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

**NEXT OF KIN DETAILS**

| Name of next of kin | ID Number | Relationship | Contact Telephone no. |
|---------------------|-----------|--------------|-----------------------|
| 1.                  |           |              |                       |
| 2.                  |           |              |                       |

**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 provided 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

Wanandege 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.....**