

KINGDOM SACCO SOCIETY LIMITED

Empower House, Githurai 45, Thika Road P. O. Box 8017, 00300, Nairobi, Kenya Tel. +254205006060

 $Email: info@kingdomsacco.com.\ Website: www.kingdomsacco.com$

MEMBERSHIP APPLICATION FORM

Member Name	Member No Date				
Member's Details*	Member's Next of Kin* or Contact Person for groups*				
First Names: Middle name:	First Names: Middle name:				
Last Name: ID/PP:	Last Name: ID/PP:				
Date of Birth (DOB):	DOB: County:				
Mobile 1: Mobile 2:	Mobile 1: Mobile 2:				
Marital Status: Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐	Marital Status: Single☐ Married☐ Widowed☐ Separated☐ Divorced☐				
County: District:	If Minor: Minor's Name:				
Location: Sub-location:	DOB of the Minor:				
Personal email:	Guardian's Name: DOB:				
Are you a member of any other Sacco? Yes, No,	ID No: Relationship:				
If yes name the Sacco	Mobile 1: Mobile 2:				
Addresses *	BOSA:				
P.O Box: Code: Town:	Account Name:				
Current Residence:	Monthly commitment Kshs				
How long have you resided in that address?	Signature:				
Employment Details	FOSA:				
Name of Employer:	Select Account: KSA 🗌 Imara 🖺 Salary 📗 Call 📗 FDA 📗 MJA 📗				
Employer's address:	Signature:				
Position Held:	Mobile Banking Registration:				
Date of Employment:					
Mobile No:	How did you come to know us? * Social media ☐,				
Terms of Employment (Permanent/ Temporary)	Church meetings ☐, House meetings ☐, Friends/Relatives ☐ Corporate meetings ☐, New members forum ☐, Others (Specify)				
If self -employed	Referee Details				
Type of Business:	Name: ID				
Nature of Business (Sole proprietor/Partnership):	Member No: Tel:				
Business Name:	Signature:				
Year of commencement:	I agree to all the terms and conditions*				

Sign here

Append Photo

here



ACCOUNT OPENING APPLICATION FORM

Member Details *							
Unique Identification N	umber:	Name:					
Physical Location:							
Email Address:							
Office Tel No:							
Mobile Tel No:							
Town:							
County:							
General Information:							
Current Bankers:		Branch:					
Number of members/Sha	reholders:						
Are you a member of an	ny other Sacco Yes 🗌 No 🗆	If Yes, Name:					
Common Bond:							
BOSA Account Details							
Title of the Account:							
Voluntary Assignment							
We undertake to make co	ntributions of Kshs	on monthly basis.					
1. Signature:		2. Signature:					
3. Signature:		4. Signature:					
FOSA Account Details							
Title of Account:							
Preferred product:							
Mode of operation: *	Any to Sign ☐ Two to Sign	☐ Three to Sign ☐					
	All to Sign □ Others □ (Ex	plain)					
Alternative Banking Channels							
ATM ☐ Cheque Book ☐							
Sms Banking *	SMS Aler□ P	referred Mobile Banking Number:*					
e-Statements	Email Address:	Monthly ☐ Quarterly ☐ Weekly ☐					



KINGDOM SACCO SOCIETY LIMITED

P.O Box 8017 – 00300 Nairobi Tel: 020-2089715 Mobile: 0720 838422 Website: www .kingdomsacco.com

MOBILE BANKING APPLICATION FORM

1.	Accounts to be Registered for Mobile Banking:									
	Account No:	Account Nam	ne:	Signing mandate:						
2.	Signatories to be sign	ned up for Mo	hile Banking:							
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	Name:		ID Number:	Mobile No:	vvitn	drawal limit:	Signature:			
3.	Official use:									
Verified by Date										
	Approved by				Da	ate				
4.	All terms and condition	ons for use of I	Cingdom Sacco Mo	obile Banking se	rvices	apply:				