



KINGDOM SACCO SOCIETY LIMITED

P.O Box 8017 – 00300 Nairobi Tel: 020-2089715 Mobile: 0720 838422
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 <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>		Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>											
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, If yes name the Sacco.....		ID No:	Relationship:										
		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 <input type="checkbox"/> Imara <input type="checkbox"/> Salary <input type="checkbox"/> Call <input type="checkbox"/> FDA <input type="checkbox"/> MJA <input type="checkbox"/>											
Employer's address:		Signature:											
Position Held:		Mobile Banking Registration:											
Date of Employment:		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
Mobile No:		How did you come to know us? * Social media <input type="checkbox"/> ,											
Terms of Employment (Permanent/ Temporary)		Church meetings <input type="checkbox"/> , House meetings <input type="checkbox"/> , Friends/Relatives , <input type="checkbox"/> New members forum, <input type="checkbox"/> 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* <input type="checkbox"/>											

Append Photo here

Sign here



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ACCOUNT OPENING APPLICATION FORM

Member Details*

Unique Identification Number:	Name:
Physical Location:	
Email Address:	
Office Tel No:	
Mobile Tel No:	
Town:	
County:	
General Information:	
Current Bankers:	Branch:
Number of members/Shareholders:	
Are you a member of any other Sacco Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Name:
Common Bond:	

BOSA Account Details

Title of the Account:	
Voluntary Assignment	
We undertake to make contributions of Kshson monthly basis.	
1. Signature:	2. Signature:
3. Signature:	4. Signature:

FOSA Account Details

Title of Account:	
Preferred product:	
Mode of operation: * Any to Sign <input type="checkbox"/> Two to Sign <input type="checkbox"/> Three to Sign <input type="checkbox"/>	
All to Sign <input type="checkbox"/> Others <input type="checkbox"/> (Explain).....	
Alternative Banking Channels	
ATM <input type="checkbox"/> Cheque Book <input type="checkbox"/>	
Sms Banking * <input type="checkbox"/>	SMS Alert <input type="checkbox"/> Preferred Mobile Banking Number:*
e-Statements <input type="checkbox"/>	Email Address: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly <input type="checkbox"/>



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MOBILE BANKING APPLICATION FORM

1. **Accounts to be Registered for Mobile Banking:**

Account No:	Account Name:	Signing mandate:

2. **Signatories to be signed up for Mobile Banking:**

Name:	ID Number:	Mobile No:	Withdrawal limit:	Signature:

3. **Official use:**

Verified by..... Date.....
 Approved byDate.....

4. **All terms and conditions for use of Kingdom Sacco Mobile Banking services apply:**