



APPLICATION FOR MEMBERSHIP AND ADMISSION

I hereby make an application for membership and agree to abide to the Co-operative Societies Act and Rules, NCCI SACCO By-laws and any amendments made thereof and other SACCO policies.

(This form should be completed in BLOCK letters and attach Copy of ID/Passport and KRA Pin Certificate.)

A. APPLICANTS PERSONAL INFORMATION - CHECK OFF MEMBER

NAME OF APPLICANT (as in ID)

DATE OF BIRTH ID/PASSPORT No.

EMPLOYER. OFFICIAL DESIGNATION

PAYROLL NO TERMS OF SERVICE

STATION/LOCATION..... NATIONALITY

EMPLOYER'S ADDRESS

EMPLOYEE'S ADDRESS

MOBILE No. E-MAIL.....

How did you get to know about NCCI SACCO? (Tick one)

Sacco website/social media Referral Others (please specify)

REFERRED BY (if applicable)

Member NameM/NO SIGNATURE.....

B. APPLICANTS PERSONAL INFORMATION - NON-CHECK OFF OR REFERRAL MEMBER

NAME OF APPLICANT (as in ID) ID/PASSPORT No.....

DATE OF BIRTH NATIONALITY

P.O BOX..... OCCUPATION

EMPLOYER/BUSINESS NAMEKNCCI Certificate No.

TYPE OF ORGANISATION/BUINESSLOCATION.....

MOBILE No. E-MAIL.....

(Attach Letter of Employment, Business registration certificate and a copy of Chamber Certificate as appropriate)

DETAILS OF REFERRING MEMBER for above (item B) new member

I hereby confirm that the above named applicant is of good conduct and is known to me for..... years

NAME OF PRINCIPAL MEMBERM/NO.....

ID No. P.O BOX.....Code: Mobile No.

E-MAIL.....RELATIONSHIP TO APPLICANT.....

SIGNATURE DATE.....



A. NOMINATED NEXT OF KIN

I, the undersigned, in the event of my death, whilst a member of the NCCI SACCO society Limited, hereby instruct the society to pay all amounts due to me less any debts to the society, to the person(s) named below. I am aware that I may alter the name of the nominated next of kin by filling in a subsequent Nominated next of kin Form.

Name	Relationship	%of Savings	ID Number	Box Address	Mobile No.	Email

B. AUTHORIZATION TO DEDUCT FROM SALARY/ COMMITMENT TO REMIT
 (Note: Kshs.1,000 non-refundable entrance fee will be charged in the 1st contribution)

I hereby authorize the deduction of/ commit to remit Ksh with effect from the Month of..... 20to be allocated as follows forMonths:

- i. Entrance/Registration A/c Ksh
- ii. Member Savings A/c Ksh
- iii. Share Capital A/c Ksh.....
- iv. Loan Repayment A/c Ksh.....
- v. Other A/c (Specify) - Ksh.....

Preferred mode of contribution for Non-check off applicants (tick box)

- Standing Order Bank deposit Bank transfer Mpesa Pay bill

C. MEMBER BANK/PAYMENT DETAILS

- 1. Account name
- 2. Bank Name
- 3. Account Number
- 4. Bank Branch.....

I hereby confirm that all the details provided above to support my application for membership in NCCI SACCO are true to the best of my knowledge.

By filling and signing this form, I authorize the Sacco to process and store my personal data for the purpose of membership application.

Signature..... Date.....

WITNESSED BY: -

Name ID M/No. Mobile.....

SIGNATURE.....DATE.....

FOR OFFICIAL USE

Received by: Name..... Sign.....Date.....

Approved / rejected by: Name.....Sign.....Date.....

Member No allotted _____

How to make Payment or Join the SACCO – BANK DETAILS

A. ALL PAYMENT TO THE FOLLOWING PAY BILL

Pay bill.: 400222

Account: 857628#Your mobile number

(Eg. 857628#072278XX69)

OR

B. Bank: Cooperative Bank of Kenya

Account Name: NATIONAL CHAMBER OF COMMERCE AND INDUSTRY
SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED.

Account Number: **01101069288001**

Branch: Upper Hill

NB: For all direct deposits or bank transfer to the account, you must attach copies of Payment Receipts, ID, PIN, KNCCI Membership Certificate and latest pay slip (for employees) where applicable