



Attach Passport size photos for each Chama member

P.O. Box 59857 | Nairobi 00200 | Kenya | Tel: 0703034331

FORM NO. 2 CHAMA MEMBERSHIP APPLICATION FORM:
(Please print in CAPITAL LETTERS with ink.)

A. CHAMA DATA

- Chama Name: _____
- Chama Registration Number. _____
- Chama date of registration: _____
- Chama KRA PIN No: _____
- Type of Organization (e.g. Club, partnership, company): _____
- Introducer Member Name: _____

Details of Chama Members:

Name: ID no: Employer: Mobile No: E-mail Address: Physical Address: Next of Kin: Signature:	Name: ID no: Employer: Mobile No: E-mail Address: Physical Address: Next of Kin: Signature:
Name: ID no: Employer: Mobile No: E-mail Address: Physical Address: Next of Kin: Signature:	Name: ID no: Employer: Mobile No: E-mail Address: Physical Address: Next of Kin: Signature:
Name: ID no: Employer: Mobile No: E-mail Address: Physical Address: Next of Kin: Signature:	Name: ID no: Employer: Mobile No: E-mail Address: Physical Address: Next of Kin: Signature:

Name:	Name:
ID no:.....	ID no:.....
Employer:.....	Employer:.....
Mobile No:.....	Mobile No:.....
E-mail Address:.....	E-mail Address:.....
Physical Address:.....	Physical Address:.....
Next of Kin:.....	Next of Kin:.....
Signature:.....	Signature:.....
Name:	Name:
ID no:.....	ID no:.....
Employer:.....	Employer:.....
Mobile No:.....	Mobile No:.....
E-mail Address:.....	E-mail Address:.....
Physical Address:.....	Physical Address:.....
Next of Kin:.....	Next of Kin:.....
Signature:.....	Signature:.....

**For additional members, attach a separate list indicating the member details*

Signing Mandate:

Chama Bank Details:

- Name of the Bank _____ Branch: _____
- Account Name: _____ Account No. _____

B. DECLARATION

We, the Chama members of understand that this account shall be operated solely at the discretion of Mzima Springs Sacco Society and hereby agree to indemnify the Sacco against any loss or claim arising out of the account being closed by the Sacco without notice due to unsatisfactory performance. The account shall be opened and operated subject to any directions that may be issued to the society by its statutory regulators from time to time.

C. AUTHORISATION TO REMIT CONTRIBUTIONS TO THE SACCO

We, as Chama members, do hereby authorize the following amount Kshs. _____ (amount in figures) _____ (amount in words) to be remitted to the society every month, with effect from:

_____ (date – dd/mm/yyyy)

Mode of remittance

Applicant Signatures.....

E. FOR OFFICIAL USE ONLY

1. Date form is received and recorded by the co-operative: _____/_____/_____
(dd/mm/yy)

2. Form is complete:

- The form is correctly filled []
- All the information provided is correct []
- All the documents and fees have been received []

3. Signed for and on behalf of Mzima Springs Savings and Credit Society Limited:

Name

Signature

Designation

Date

4. Membership Number: _____
