



**MZIMA SPRINGS SACCO**  
*— Your Personal Anchor —*

Passport size photo

**FORM NO. 1 MEMBERSHIP APPLICATION**  
*(Please print in CAPITAL LETTERS with ink.)*

**A. PERSONAL DATA**

- Names: \_\_\_\_\_  
*(Surname) (First name) (Middle name)*
- Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ ID Number: \_\_\_\_\_  
*(Dd/mm/yy) (number in figures)0*
- Mobile phone no: \_\_\_\_\_ Office number: \_\_\_\_\_
- E-Mail Address: \_\_\_\_\_
- Bank \_\_\_\_\_ Branch: \_\_\_\_\_
- Name: \_\_\_\_\_ Account No. \_\_\_\_\_
- KRA PIN NO.....

**B. NOMINATION OF BENEFICIARY**

I, as a member of the co-operative, do hereby appoint the following listed nominee(s) to be the only legal beneficiaries of the net of my shares over all loans owing or my total shares in case of my sudden demise subject to the validity of my membership as at the time of death. The beneficiaries are in order of preference.

1. Beneficiary's full names: \_\_\_\_\_  
*(Surname) (First name) (Middleman)*

Beneficiary's ID Number: \_\_\_\_\_ Relationship to member:

Telephone No.....

2. Beneficiary's full name: \_\_\_\_\_  
*(Surname) (First name) (Middle name)*

Beneficiary's ID Number: \_\_\_\_\_*(number in figures)*

Beneficiary's relationship to member: \_\_\_\_\_

Telephone no.....

**C. AUTHORISATION TO DEDUCT FROM SALARY**

1. I hereby authorize the following amount Kshs. \_\_\_\_\_  
*(amount in figures)*  
\_\_\_\_\_ *(amount in words)* to  
be deducted from my salary and remitted to the society every month, with effect from

\_\_\_\_\_ *(date – dd/mm/yyyy)*

Applicant Signature.....

**D. HUMAN RESOURCE DEPARTMENT**

1. The member named \_\_\_\_\_ is an employee of \_\_\_\_\_ (institution) and is eligible to join Mzima Springs SACCO on the following basis (tick one):
- Is a permanent employee [ ]
  - Is on a contract basis (minimum one year) [ ]
2. Name of Human resource officer \_\_\_\_\_
3. Signature of Human resource officer \_\_\_\_\_

**E. FOR OFFICIAL USE ONLY**

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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:
- |               |                    |                      |               |
|---------------|--------------------|----------------------|---------------|
| _____<br>Name | _____<br>Signature | _____<br>Designation | _____<br>Date |
|---------------|--------------------|----------------------|---------------|
4. Membership Number: \_\_\_\_\_
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