



PEFA HOUSING COOPERATIVE SOCIETY
Head office: Solar House 3rd Floor
Branch: Kasarani (Opp. Mwiki Bus Stop)
P.O BOX 79459-00200 NAIROBI
TEL: 0799944122/0714037895/0723911807
EMAIL: housing@pefasacco.co.ke
Web: www.pefasacco.co.ke

AFFIX

PASSPORT

HERE

HOUSING MEMBERSHIP APPLICATION FORM

I hereby apply for membership and agree to abide and conform by the housing society's by-laws, rules and regulations and amendments thereof. Please complete this form in **CAPITAL** Letters.

APPLICANT DETAILS

MEMBERSHIP

FIRST NAME

MIDDLE NAME

LAST NAME

NATIONAL ID No.

KRA PIN No.

DATE OF BIRTH (DD/MM/YYYY)

ID/passport;

Postal Address _____ Postal Code _____ Town _____

Physical Residence _____ Gender; ☐ MALE ☐ FEMALE Marital Status _____

Email Address _____ Telephone no. _____

Member introduced by; (Active member) _____

M/NO. _____

Monthly Savings Ksh. _____ Signature _____

Date _____

EMPLOYMENT DETAILS (Tick Appropriately)

Self-employed ☐ salaried ☐ Retired ☐ Physical

Location _____

Name of the employer _____ Telephone no. _____

Postal Address _____ Postal code _____

Town _____

Are you a member in Pefa Sacco? ☐ ☐

Church _____

NOTE

Mandatory Documents

★ A copy of your ID card ★ 2 passport size color photos ★ A copy of KRA pin (If available)

★ A copy of birth certificate where the **nominee** is a minor (under **18 years** of age)

Mandatory payments

● Membership fee paid once Ksh. 1000

● Minimum shares 20 @ 2000 each

CONFIDENTIAL

NOMINATED NEXT OF KIN DETAILS

I, the undersigned in the event of my death whilst a member of this society, hereby instruct the society to pay all the amounts due to me, less any indebtedness owed by me to the society, to the person named in this section. I understand that I may alter the name of the nominated next of kin by updating a new nominee form.

Name; _____ ID _____

No. _____

Relation to the applicant _____ Telephone No. _____

Postal Address _____ Postal Code _____ District _____

INDEMNITY

I ACCEPT AND AGREE TO THE TERMS AND CONDITIONS THAT GOVERN PEFA HOUSING COOPERATIVE SOCIETY. I CONFIRM THAT THE INFORMATION THAT I HAVE PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE. BY SIGNING ON THIS FORM, I REQUEST TO OPEN AN ACCOUNT IN MY NAME(S) PROVIDED. I AGREE THAT THIS ACCOUNT SHALL BE OPERATED SOLELY TO THE DISCRETION OF THE SOCIETY AND INDEMNIFY THE SOCIETY AGAINST ANY COST INCURRED OR CLAIMS ARISING OUT OF MY ACCOUNT.

Applicant

Applicant's

Name _____

Applicant's Signature _____ Date _____

Witness

Name of witness (*Must be society's member*) _____ ID _____

No. _____

Witness' Signature _____ M/no (Witness) _____

OFFICIAL USE ONLY

Date of Admission

Approved by

Filed by

Signature.....

Signature