



PEFA NAIROBI CENTRAL SACCO LTD
Head office: Solar House 3rd Floor
P.O BOX 79459-00200 NAIROBI
TEL: 0728292836/0700170564
EMAIL: Info@pefasacco.co.ke
Web: www.pefasacco.co.ke

AFFIX PASSPORT HERE

MEMBERSHIP APPLICATION FORM

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

APPLICANT DETAILS

MEMBERSHIP NO.

FIRST NAME	MIDDLE NAME	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
NATIONAL ID No.	KRA PIN No.	DATE OF BIRTH (DD/MM/YYYY)
<input type="text"/> ID/passport;	<input type="text"/>	<input type="text"/>

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 _____
Nature of business _____
Name of the employer _____ Telephone no. _____
Postal Address _____ Postal code _____ Town _____
Have you been a member before? Yes No
Church _____

NOTE

Mandatory Documents

1. A copy of your ID card
2. Passport size color photos
3. A copy of KRA pin (If available)
4. 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 monthly contribution of **Ksh. 1500**
- Share capital of **Ksh.7000**
- Insurance (annual) of **Ksh 500**

CONFIDENTIAL

NOMINATED BENEFICIARY 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 (s) named in this section. I understand that I may alter the name(s) of the nominated beneficiary(s) by updating a new nominee(s) form.

S/No	NAME	ID / Birth Cert No.	Percentage Share (%)	Tel No.	Physical Contacts
1					
2					
3					
4					

NOMINATED NEXT OF KIN

I, the undersigned in the event of my death whilst a member of this society, hereby nominate (Name).....ID NO.....relationship..... Of Tel no.....as my next of kin. I understand that I may alter the name(s) of the nominated next of kin by updating a new nominee(s) form.

INDEMNITY

I ACCEPT AND AGREE TO THE TERMS AND CONDITIONS THAT GOVERN PEFA NAIROBI CENTRAL SACCO. 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 DESCRETION 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 Signature.....
Filed by Signature

Save regularly, borrow wisely.....