



# ASILI SACCO SOCIETY LIMITED

P.O BOX 49064 – 00100 NAIROBI

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## MEMBERSHIP FORM

### Applicants Details

Full Names.....

Mobile No:..... Date Of Birth dd/mm/yy.....

Present Address.....Marital Status.....

Id/Passport No:.....Email Address.....

### **SECTION ONE TO BE COMPLETED BY AN EMPLOYED APPLICANT**

Payroll Number.....

Employer:.....Employers Address:.....

Position in Employment.....Work Station.....

Year of Employment .....Gross Monthly Income:.....

Effective Date of Remittance:.....

### **SECTION TWO (TO BE COMPLETED BY A BUSINESS APPLICANT**

Business name.....Business Address.....

Nature of Business .....Monthly Income:.....

Business Location:.....

Proposed Mode of Remittances- Standing Order  Direct Debit

Other Specify.....

Effective Date /Month of Remittance:.....

**SECTION THREE AUTHORITY TO MAKE DEDUCTION FROM MY SALARY**

I ..... hereby authorize you to deduct  
KSH.....from my salary and pay as Sacco society ltd with affect from  
.....year.....

**NOMINEE INFORMATION**

Name	Id No	Relationship	Address	Date of birth	%

Applicant Name:.....Signature :.....Date:.....

**OFFICIAL USE ONLY**

Membership Approved by:.....Signature:.....Date.....

Data Captured by:.....Signature:.....Date:.....

Account:.....Signature:.....Date:.....

**REQUIREMENTS**

Kindly attach the following:

- a) Attach 2 passport size photos
- b) Copy of your ID
- c) KRA Pin