

Attach Passport photo

## Membership Application Form

Applicants Details						
Full Name.						
Mobile No.						
*Date of Birth (DD/MM/YY) Present address						
Marital Status Sex						
*ID/passport No. E-mail address						
*Home /permanent address						
County						
Employment Details (To be completed by an employed applicant)						
Employer     Employers address						
Position in employment Work station						
Date of appointment Monthly Contribution						
EST Number						
Business Details (To be completed by a business applicant)						
Business Name Business Address						
Nature of Business Approximate Monthly Income						
Business Location						
Business REG. NO						
Proposed mode of remittances- Check off Standing Order Direct debit Others specify						
*Effective date (DD/MM/YY)						
Authority to Make Deduction from My Salary						
I will contribute KSH with effect						
fromyearyear						

		RETIRE	ES				
Pensior	Pension income OTHER INCOME						
Propos	Proposed monthly contributions AMOUNT						
Propos	ed mode of remittances: Standing Orde	r Direct debit	Others specify				
	ive date (DD/MM/YY) nee information						
S/No N	ame	ID/No	Relationship	PHONE	Date of Birth	%	
1							
2							
3							
+							
Applican	t Signature		Date				
ripplicali							
		REFEREE	_				
	(To be fille	ed by the member introduc					
I OF ID No OF ID No is well known to me.							
Referees Signature Date							
hereree							
		ORTANT DETAILS TO					
• You can deposit money any time into your Asili Sacco Account via M-PESA Pay Bill.							
	<ul> <li>✓ M-PESA Pay Bill/ Business Number: 638018</li> <li>✓ Account Number: Enter your National ID Number</li> </ul>						
•	<ul> <li>Account Number: Enter your National ID Number</li> <li>You can also deposit money through our bank account details below.</li> </ul>						
-	✓ BANK: Coop	-					
	✓ Account Number:	01120000536	900				
•	You can easily monitor your	account using the m	embers' portal ac	cessible through	n our		
	website. You may also follow			portal.asilisacco	o.coop/		
OFFICIAL USE ONLY							
			Signature				
	Data Captured by:	-					
	Account: REQUIREMENTS	Signature		Date			
	•						
	Kindly attach the following: a) Copy of your ID						
b) KRA Pin							
	<ul><li>c) Registration fee of Kshs 1,000</li><li>d) Passport size Photo</li></ul>	0.					
		ASILI SACCO SOCIETY I	IMITED				
	P.O BOX 49064 – 00100 NAIROBI Email: <u>asilisacco@yahoo.com</u> Website: <u>www.asilisacco.com</u>						