



Membership Application Form

Applicants Details

Full Name.

Mobile No. Tel No.

*Date of Birth (DD/MM/YY) Present address

Marital Status Sex

*ID/passport No. E-mail address

*Home /permanent address

County Location

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 Certificate of incorporation

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 from.....year.....

FOSA DEBIT (ATM) CARD APPLICATION (Tick)

I agree to be bound by the Terms and conditions of use of the ATM Card.

MOBILE BANKING APPLICATION (Tick as appropriate)

Please register mobile banking: YES NO

Preferred Mobile Number.....

SALARY PROCESSING (Tick as appropriate)

YES NO

I do hereby instruct that my monthly salary be processed through FOSA as per details below.

Account Number	9 0 0 0
Bank	Co-operative Bank of Kenya
Branch	Co-op House Branch
Bank and Branch Code	11002

NEXT OF KIN DETAILS

S/No	Name	Relationship	Phone	Date of Birth	%
1					
2					
3					
4					

APPLICANT SIGNATURE

DATE

REFEREE

(To be filled by the member introducing the applicant)

I OF ID No

Confirm that the applicant Mr./Mrs./Ms. is well known to me.

Referees Signature

Date

IMPORTANT DETAILS TO MEMBERS

- You can deposit money any time into your Asili Sacco Account via M-PESA Pay Bill.
 - ✓ M-PESA Pay Bill/ Business Number: **638018**
 - ✓ Account Number: **Enter your National ID Number**
- You can also deposit money through our bank account details below.
 - ✓ BANK: **Cooperative Bank (MOI AVENUE)**
 - ✓ Account Number: **01120000536900**

OFFICIAL USE ONLY

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

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

REQUIREMENTS

Kindly attach the following:

- Copy of your ID
- KRA Pin
- Registration fee of Kshs 1,000.
- Passport size Photo