ASILI SACCO SOCIETY LTD
Asili Coop Centre, Lower Ngara Road. Opp. Arya Boys Secondary School.
P.O Box 49064-00100 Nairobi Mobile: 0722472823/ 0733472823/ 0730785500/ 0730785555
Email: asilisacco@yahoo.com / info@asilisacco.coop Website: www.asilisacco.coop
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GROUP/MWANANCHI MEMBERSHIP APPLICATION FORM

Groups are Merry-go-rounds / chamas, companies, clubs, societies, hospitals, schools, churches, etc.

TERMS AND CONDITIONS

- Copy of minutes with resolutions to open an account.
- Copy of Registration Certificate**.**
- Group constitution.
- Copies of relevant KRA certificates
- Copies of signatories' identity cards
- Passport size photos of the signatories
- List of group members' details i.e. Name, ID No: Telephone.
- Four signatories to the account who are 3 group officials and one group member.
- List of signatories authorized to sign on behalf of the account.
- Location of the group
- **Minimum account opening balance Ksh. 5,000**

APPLICATION

Name of Organization /Group……

Registration No ……. KRA PIN…….

Postal Address …… Code ……. Town …….

Mobile No ……. Email address ……Location……

We hereby apply for Asili Sacco Society membership on behalf of our organization/group. We shall be

Remitting at least **Kes**……in words……with effect from……...

We hereby declare that all the information provided is true. We agree to abide by the Society's By-laws, any other rules and regulations applicable. We are further willing to provide group personal information and consent to its use as prescribed in the Asili Sacco Data Protection Policy (The policy is available on our website: www.asilisacco.coop and in our offices).

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GROUP/ ORGANIZATION OFFICIAL / AGENTS

1. Name……Id no……..Mobile no……..……...

   Position ……Signature……..Date……

2. Name……Id no……..Mobile no……..……...

   Position ……Signature……..Date……

3. Name……Id no……..Mobile no……..……...

   Position ……Signature……..Date……

4. Name……Id no……..Mobile no……..……...

   Position ……Signature……..Date……

5. Name……Id no……..Mobile no……..……...

   Position ……Signature……..Date……

OFFICIAL USE ONLY

Account opened by: ……. Signature……. Date……...

Account Verified by: ……Signature……...Date……

Approved by: Name…….....Signature……..…Date……..