

Serial No.

HARAKA SACCO

"...your success is our success"

KCS HOUSE, 10TH Floor, P.O. Box 10017-00100, Nairobi, Kenya.

Tel: +254 726 606596/ +254 716 120 611

Email: info@harakasacco.co.ke

Web: www.harakasacco.co.ke

PHOTO

Please complete in BLOCK LETTERS. This form is complete when attached : One recent coloured passport Photograph, Copy of National ID/Valid Kenyan Passport/Alien ID and a Copy of KRA PIN.

I hereby make an application for membership and agree to conform to Haraka Sacco's By-Laws and any amendments thereof.

SECTION A: APPLICANTS BIO DATA

Title -Miss./Mr. /Mrs....Other	Name (as per national ID)	Gender			
		Male		Female	

Date of Birth		ID/Passport No.	
Country of Residence		KRA PIN	
Postal Address-Code		Marital Status	
City		Primary Mobile No.	
County		Other Phone No.	
Physical Address		Email	

SECTION B: DETAILS

Employed (Tick appropriate box)		Self Employed (Tick appropriate box)	
Employer		Business Name	
Employer's Address		Business Address	
Payroll No.		Location	
Gross Monthly Income		Gross Monthly Income	

SECTION C: OTHER SOURCES OF INCOME

Other (Specify) -a		Gross Monthly Income	
Other (Specify) -b		Gross Monthly Income	
Other (Specify) -c		Gross Monthly Income	

SECTION D: REMITTANCES

Proposed monthly contributions	In Figures		In Words	
Proposed mode of remittances	Check Off	Direct Debit	Mpesa	Other (Specify)

SECTION E: NOMINEE/ NEXT OF KIN DETAILS

I the undersigned, upon my demise whilst a member of the Society, hereby instruct the Society to pay all amounts due to me less any debts to the Society, to the person (s) named in this section. I understand that I may alter the name of nominated next of kin by filling a subsequent nominee card.

Name	National ID/ Passport	Date of Birth	Relationship	Phone No.	Percentage (%) Assigned

Please provide a guardian if the nominee(s) is/are below 18 years.

Name	National ID	Phone No.

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MEMBERSHIP APPLICATION FORM

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SECTION F: INTRODUCED BY

Please specify on how you came to know or learn about Haraka Sacco.

Haraka Sacco Staff (tick)		Name	
Current/ Former Member (tick)		Name	
Other -please specify (tick)			

SECTION G: SPECIMENT SIGNATURE AND DECLARATION

I _____ declare that all the particulars given by me are true. I confirm that I have read the terms and conditions governing the opening, operating and closure of membership of Haraka Sacco and agree to be bound by them. I further unequivocally consent that my personal data, collected in connection with such terms and conditions, may from time to time be used and disclosed for such lawful purposes and to such persons as may be in accordance with the Haraka Sacco's prevailing Privacy Policy, and the relevant laws, as amended from time to time.

NAME	SIGNATURE	DATE

SECTION H: FOR OFFICIAL USE ONLY

KYC verification and member interview done by:

Name	Staff No.	Signature

Approved By:

Name	New Member Assigned No.
Date	Signature

SECTION I: PAYMENT DETAILS

Banking and Mpesa Details

Bank: Cooperative Bank
Branch: Moi Avenue
Account Name: Haraka Sacco Limited
Account Number: 01120027130400

Mpesa Paybill Number: 894700
Account Name: [your name]