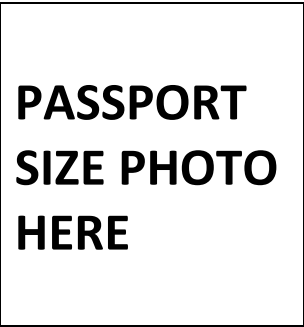




APPLICATION FORM

Please complete in full in BLOCK Letters. This form is complete when attached: One recent COLOURED Passport Photograph, Copy of ID and Copy of KRA PIN.
I hereby make an application for membership and agree to conform to the SMART SACCO By-Laws and any amendment thereof.



PERSONAL PARTICULARS (As per ID or Passport)

FIRST	MIDDLE	SURNAME
<div></div>	<div></div>	<div></div>

GENDER	ID/PASSPORT NUMBER	DATE OF BIRTH
<div>M</div> <div>F</div>	<div></div>	<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div>

<u>CIG/VMG/P.O.</u>	
<u>REGISTRATION NUMBER</u>	<u>REGISTRATION DATE</u>
<div></div>	<div></div>

<u>POSTAL ADDRESS</u>
<div></div>

<u>PHYSICAL ADDRESS</u>
<div></div>

COUNTYSUBCOUNTY.....WARD.....

LOCATION.....SUBLOCATION.....VILLAGE.....

EMAIL ADDRESS

PHONE (preferably mobile number)ALTERNATIVE NUMBER.....

OCCUPATION.....

MARITAL STATUS.

<u>SINGLE</u>	<u>MARRIED</u>	<u>OTHER (SPECIFY)</u>
<div></div>	<div></div>	<div></div>

EMPLOYER & PARTICULARS OF OCCUPATION (where applicable)

Name of employer:		Employer address and contact number:	
Terms of service: Permanent	Temporary	Contract	
If contract / temporary for what period			

BUSINESS/FARMER DETAILS(for business members and farmers only)

Business Name:	Type of farmer (if a farmer)
Duration of Business /Farming:	Place of Business / Farm

WHO INTRODUCED YOU TO SMART SACCO

<u>MEMBER NAME (Tick Below)</u>	<u>MEMBER NUMBER</u>	<u>CHAMPION</u>	<u>FACEBOOK</u>	<u>TWITTER</u>	<u>OTHER</u>

NO	NOMINATED NEXT OF KIN/S	RELATIONSHIP	ID/PP NO. PHONE NO. If Minor indicate C/o	DATE OF BIRTH (D.O.B)	PHONE NUMBER	Percentage (%) Assigned
1.						
2.						
3.						
4.						
5.						

IRREVOCABLE AUTHORITY

I hereby authorize you to deduct Kshs. _____ Monthly Deposits Contribution and Kshs. _____ Share Capital Contribution from my Salary and/or any other mode of Remittance and pay **SMART SACCO LIMITED** with effect from the month of _____ until further notice.

Membership of Kshs 300.00 will be deducted with the 1st deduction from payroll OR any other mode of Remittance arrangement with the society.

TICK APPROPRIETY

<u>MODE OF PAYMENT</u> (you need to be consistent on a monthly basis)	<u>BANKS</u>	<u>MPESA</u>
EMPLOYER (CHECK OFF)		
LIPA NA MPESA (SACCO PAYBILL 400222, AC NO: 1020853#MEMBERNUMBER		
STANDING ORDER		

OTHERS (SPECIFY)		

All payments to be made to Smart Savings and Credit Co-operative Society Limited: Cooperative Bank; Nyeri Branch;
Acc No 01101748601002 Or Mpesa Paybill 400222, Account Number 1020853#Membernumber

SIGNATURE OF APPLICANT (Within the Box)

FOR SOCIETY USE ONLY

REGISTRATION FEE (300/=) PAID ON.....REF/RECEIPT NO

DATE OF ADMISSION TO MEMBERSHIP

ACTIONED BY.....

MEMBERSHIP NO CHECKED BY:

DATE

OFFICIAL STAMP