SMART SACCO

RISE AND SHINE TOGETHER

CIG/VMG/P.O MEMBERSHIP APPLICATION FORM

Please complete in full in BLOCK Letters. This form is complete when attached: group registration certificate, Coloured Passport Photographs, Copy of IDs and Copy of KRA PIN minutes agreeing to join SMART SACCO and list of members bearing member name, ID number contact and signature.
We the undersigned hereby make an application for membership and agree to conform to the Smart Sacco limited By-Laws and any amendment thereof.

CIG/VMG/P.O.	
REGISTRATION NUMBER	**REGISTRATION DATE**

POSTAL ADDRESS

PHYSICAL ADDRESS

COUNTY……**SUBCOUNTY**……..

LOCATION……**SUBLOCATION**……

EMAIL ADDRESS ……

PHONE……**ALTERNATIVE NUMBER 1**…….
(chairperson)

ALTERNATIVE NUMBER 2…… **ALTERNATIVE NUMBER 3**…….
(Secretary) *(Treasurer)*

VALUE CHAIN……..

ON BEHALF OF THE CIG/VMG/P.O.

CHAIRPERSON……**SIGN**……..

SECRETARY ……**SIGN**…….

TREASURER ……**SIGN**…….

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

FOR SOCIETY USE ONLY
REGISTRATION FEE (1000/=) PAID ON…… REF/RECEIPT NO ……

DATE OF ADMISSION TO MEMBERSHIP ……

ACTIONED BY……..…

CHECKED BY: ……

MEMBERSHIP NO …….....

DATE ……

OFFICIAL STAMP