Kingsize Regulated NWDT Sacco
Quality Products & Services

MEMBERSHIP APPLICATION FORM *(Strictly Confidential)*

I hereby make an Application for MEMBERSIP in KINGSIZE REGULATED NWDT SACCO and I agree to abide by the Bylaws, Policies and any Rules of the Sacco together with any amendments thereof as may be made from time to time. I have read the Instructions overleaf on **Section G** and hereby confirm that I have understood them. My particulars are as follows;

A. PERSONAL DETAILS

1. SURNAME …… FIRST NAME …… MIDDLE NAME ……

2. NATIONAL ID OR PASSPORT NO. ……KRA PIN…… DATE OF BIRTH……/……/……

3. PERSONAL TEL NO. ……COUNTY……MARITAL STATUS……..

4. POSTAL ADDRESS: P.O BOX …… CODE…… CITY/TOWN……

5. PHYSICAL ADDRESS: ESTATE……HOUSE NO. ……TOWN/CITY……

6. NAME OF PUBLIC INSTITUTION NEAR YOUR RESIDENCE……

6. MAIL ADDRESS(PERSONAL) ……EMPLOYMENT EMAIL……

8. EMPLOYER …… DEPARTMENT ……

9. BANK A/C NO……BRANCH……BANK……

10. **Terms of employment: Permanent** ☐ **Contract** ☐ **Casual** ☐ **Self-employed** ☐ **(Tick One)**

B. NEXT OF KIN AND PUBLIC ADMINISTRATOR DETAILS (Person to be contacted/manage your account in case of your incapacitation or demise. Must not necessarily be a beneficiary)

1. SURNAME …… FIRST NAME …… LAST NAME ……

2. NATIONAL ID/PASSPORT NO. ……RELATIONSHIP…… TEL NO……

3.POSTAL ADDRESS ……CODE…… EMAIL ADDRESS ……

4. Name of current SACCO member you are related to…… Type of Relationship……

C. LIST OF NOMINEESS (These are people to benefit from the proceeds of your account at the SACCO in case of your demise)

	Name in full	Relationship	Birth Cert/ID No.	Allocation%	Email Address	Telephone No
1						
2						
3						
4						

D. IRREVOCABLE INSTRUCTIONS AND COMMITMENT

1. I, Prof/Dr/Mr./Mrs./Miss……(**in block letters)** of payroll/SAP No. ……hereby authorize KINGSIZE REGULATED NWDT SACCO to deduct from my salary on a monthly basis Kshs. ……(in words……) being monthly deposit contributions and Ksh……(in words……) being Share Capital towards my membership from this date…… I also acknowledge that this instruction shall/can only be terminated with my written 21 days' notice the SACCO.

0702 286585
0786 794496
kingsizesacco@gmail.com
info@kingsizesacco.co.ke
North Airport Road, Nairobi Bottlers Limited Premises
Mailing Address: P.O. Box 18034-00500, Nairobi

2. I do hereby certify and confirm that the information I have provided herein is true and correct to the best of my knowledge and incase of any changes I will notify the SACCO in writing and if any explanation is sought by the SACCO from my end, I shall provide that information within fourteen days in writing from the date of receipt of such request.
3. In the event of termination/resignation from my employment for any reason whatsoever, I authorize my employer to transfer my dues (except those prohibited by law) to KINGSIZE REGULATED NWDT SACCO.
4. **My specimen signature is as per in the box**

Applicants Signature:…… Date:……At (Place)……

E. MEMBERSHIP REFERRAL/WITNESS

Recruited by: ……Member Number……Signature……Date……

F. FOR OFFICIAL USE ONLY

Application Verified by…… Position……..Sign……Date……..

Membership paid fee receipt No. …… Membership No. (Allocated)……

Application Approved by…… Position……..Sign……Date……..

G. INSTRUCTIONS TO THE APPLICANT

1. Please fill all the sections you are required to except Section E and F. Section E is to be filled by the Witness i.e. the person who has recruited you who must be a current or ex-member of the Sacco.
2. Please Attach the following documents:
    - Copy of your **National ID/Passport**
    - Copy of your **KRA PIN**
    - **One passport** photo size
    - **Business permit** if self employed **(optional)**
3. Membership **joining/rejoining** fee is Kshs.1000.00 (One thousand only)
4. **List of Beneficiaries**: list them and the percentages (mandatory). A Beneficiary is the individual(s) appointed to benefits from the estate in case of the applicant's demise while still a KINGSIZE REGULATED NWDY SACCO member.
5. **Next of Kin**: Is the person to administer the account in case of the incapacitation/demise of the member. Can be one of the beneficiaries or anyone else as per the applicant's wish.
6. **SECTION B(4) MUST be filled you are not an employee of CCBA or any of its affiliates.**
7. **DATA PROTECTION ACT Compliance**: KINGSIZE REGULATED NWDT SACCO LTD (the SACCO), is in need of various information regarding the applicant. This information is crucial for the SACCO to adequately identify the applicant and administer the applicant's account as per applicable laws and regulations. By submitting this application to the SACCO for processing, you, as the applicant, grant your unconditional consent to the SACCO to utilize the information for the aforementioned purpose and further, retain this information for a reasonable appropriate period of time to ensure proper business conduct and maintenance of records between you and the SACCO.

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