



# Mikebe Sacco Limited

Factory Road/Industrial Road, P.O. Box 109 - 01000, Thika, Tel: 020 21 21 349  
Email: mikebesacco@gmail.com

## MEMBERSHIP APPLICATION FORM

MS/MAF 001

Issue 1 Revision 2, 08/1/22

MAF.....

Date received.....

Time.....

I, ..... apply to be considered for membership/  
enrollment in Mikebe SACCO Society Limited with effect from .....

Attach: ID copy ☐ Passport photo ☐ PIN copy ☐ & Fill nominee card provided ☐

### A: PERSONAL PARTICULARS

Full names:	First name	Middle	Surname
ID Number:		KRA PIN:	
Date of birth:		Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Mobile Phone 1:		Mobile Phone 2:	
E-mail:			
Physical Address:			
Permanent (home address):		Telephone no:	

Next of kin	Fist name	Middle	Surname
Phone no. 1 Phone no. 2		Address	
ID No.		Email address	

### B: EMPLOYMENT/OCCUPATION DETAILS

Employer:		Designation:	
Section:		Address:	
Office phone:		Source of funds:	

### C: SACCO MEMBERSHIP

Are you a member of any other Sacco? Yes ☐ No ☐

If yes name of the Sacco and position .....  
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#### D: COMMITMENT TO PAYMENT/DEDUCTION

I,.....MNo.....commit myself to pay a monthly deposit Pledge of (Minimum is Ksh.1,500.00 ) (Kshs): 1500 - 5000 ☐ 5001 – 10000 ☐ 10001 – 20000 ☐ Above 20001 ☐ and benevolent fund of Ksh. 200 every month on or before 10<sup>th</sup> without fail.

**NB:** Any cash amounts in excess of Kshs 20,000 must be deposited to the Sacco account and deposit slip forwarded to Mikebe Sacco office for receipting and or through pay bill.

**NB:** Entrance fee Ksh. 1500 payable upon acceptance of this application and share capital of Kshs. 20000 payable in full before the first loan application.

#### E: REFEREE/WITNESS (TO BE FILLED BY MEMBER INTRODUCING NEW APPLICANT)

Full names:		M/no.	
Mobile phone:		Id. No.	
Relationship:		Employer:	
Signature		Date:	

#### F: MEMBERSHIP CEASATION

In the event that my account is rendered dormant/loan transferred/death, Mikebe Sacco has an irrevocable authority to dispose of the share capital to any existing member after three months.

Declaration: I agree to conform/abide by the by-laws of Mikebe Sacco provided to me and any amendments thereof.

Name: ..... ID No.: .....

Signature: ..... Date: .....

#### G: FOR OFFICIAL USE ONLY

Checked by: ..... Signature: ..... Date: .....

Verified by: ..... Signature: ..... Date: .....

New Membership No.	
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Approved By: ..... Signature: ..... Date: .....