



Mikebe Sacco Limited

Factory Road/Industrial Road, P.O. Box 109 - 01000, Thika, Tel: 020 21 21 349
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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	F
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 Pno. 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 10th 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: