



Harambee Sacco Society Limited
P.O Box 47815 - 00100
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Email: info@harambeesacco.com
Web: www.harambeesacco.com

Attach
Passport
Photo

MEMBERSHIP APPLICATION FORM

I, hereby apply for membership and agree to conform and abide by the Society's by-laws, internal rules and regulations, and amendments thereof.

NAME: _____ PERSONAL No. _____
NATIONAL ID No. _____ KRA PIN No. _____
Date of Birth: _____
Name of Employer: _____ Address of Employer: _____
Mobile No. _____ Email: _____
Home Address: _____ Official Designation: _____
(Attach Copy of National ID).

AUTHORITY TO MAKE DEDUCTIONS FROM MY SALARY:

I, hereby give consent to my employer to deduct the amounts below from my salary and remit to Harambee Sacco Society Limited with effect from: Date: _____

Membership Fee: _____ Share Contribution: _____
Monthly Deposit Contribution: _____ Sink Fund contribution: _____
Were you once a member _____ If yes, State your previous Member No. _____

AUTHORITY TO OPEN A FOSA ACCOUNT/M-SACCO ACCOUNT/ ATM CARD

I, hereby authorize Harambee Sacco to open the following accounts.

- 1). FOSA Account: _____ 2). M-Sacco: _____ 3). ATM Card: _____

NEXT OF KIN

I, the undersigned, in the event of my death whilst a member of the Society, hereby instruct the Society, to pay all amounts due to me, to the person named in this section. I understand that I may alter the name of nominated next of Kin by filling an update form.

Name: _____ ID No. _____
Relation to applicant: _____ Mobile Tel: _____
Address: _____

INDEMNITY:

I ACCEPT AND AGREE TO THE TERMS AND CONDITIONS THAT GOVERN HARAMBEE SACCO, ITS ATM CARD ISSUANCE AND USAGE, ITS M-SACCO ACCOUNT AND USAGE, AND ITS FOSA ACCOUNT AND USAGE. I WARRANT THAT THE INFORMATION GIVEN HERE IS TRUE AND COMPLETE.

NAME: _____ SIGNATURE: _____

FOR OFFICIAL USE ONLY:

RECORDS OFFICE:

MEMBERSHIP NUMBER: _____ APPROVED _____ DATE: _____
DETAILS CAPTURED BY: _____ SIGN _____
SUPERVISED BY: _____ SIGN _____

FOSA /M-SACCO ACCOUNT OPENING

DETAILS CAPTURED BY: _____ SIGN _____
SUPERVISED BY: _____ SIGN _____

ATM CARD ISSUANCE:

DETAILS CAPTURED BY: _____ SIGN _____
SUPERVISED BY: _____ SIGN _____

