



HARAMBEE SACCO SOCIETY LTD

Harambee Plaza, Haile Selassie Avenue, Nairobi. P O. Box 47815-00100, Nairobi.

Pilot Line 0709-943000

Website: www.harambeesacco.com Email: info@harambeesacco.com

CHAMA MEMBERSHIP REGISTRATION FORM

CHECKLIST: 1. Group Registration Certificate, 2. Group Minutes, 3. Group constitution, 4. Officials Copy of National ID, 5. Officials Copy of KRA PIN, 6. Officials Photos

A. CHAMA DETAILS

Group Name: _____
 Postal Address: _____ Code: _____ County: _____
 Telephone Number(s): _____
 Certificate Number: _____ Registration Date: _____
 Physical address: _____
 Nature of Business: _____

B. SIGNATORIES DETAILS & PHOTOS

Name		PHOTO
ID No/Mem No		
Mob Number		
Position		
Signature		
Date		

Name		PHOTO
ID No/Mem No		
Mob Number		
Position		
Signature		
Date		

Name		PHOTO
ID No/Mem No		
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Name		PHOTO
ID No/Mem No		
Mob Number		
Position		
Signature		
Date		

C. ACCOUNT MANDATE

Signing instructions: Three [3]: ☐ Two [2] to Sign: ☐ Any: ☐

Group's main contacts:

1. Name: _____ Position: _____ Mob No: _____
2. Name: _____ Position: _____ Mob No: _____

D. CONTRIBUTION DETAILS

We wish to make a monthly contribution of Kes: _____

Proposed mode of remittance: Cheque: ☐ Standing order: ☐ Cash Deposit ☐
Paybill(525200): ☐

Share capital worth Kes: 30,000.00 (Payable over a period of 1 year)

E. CHAMA MEMBER LIST (EACH MEMBER TO PROVIDED ID COPY)

No	Mem No	Name	ID No	Mobile	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

HARAMBEE
SACCO



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F. TERMS AND CONDITIONS

1. Signatories of the group MUST be members of Harambee Sacco having met all the minimum requirements.
2. At least Three [3] Signatories

G. DECLARATION AND ACCEPTANCE

We _____
_____ and _____ declare that the information
given above is accurate to the best of our knowledge. We agree to abide by the
Society's bylaws as may be reviewed from time to time. Respective signatures:

_____/_____/_____

FOR OFFICIAL USE ONLY

Form received on: _____ Verified by: _____

Date: _____

is the applicant accepted: Yes ☐ No ☐

Membership No: _____

Approved by: _____ Sign: _____ Date: _____