



# JAMII CO-OPERATIVE SAVINGS AND CREDIT SOCIETY

P.O Box 57929 -00200, Nairobi- Kenya  
 Tel: (020) 6552477, 6552448, Mobile: 0715-961545, 0712-852762  
 Web: www.jamiisacco.com E-mail: Info@jamiisacco.com

## MEMBERSHIP RE-INSTATEMENT FORM

**Requirements:** 1. Copy of National ID 2. One colored Passport Size Photo 3. Copy of KRA PIN certificate

### APPLICANT'S DETAILS.

Surname:	Other Names:	Membership no.
Marital Status:	Occupation:	KRA Pin:

### CONTACT DETAILS.

Postal Address:	Postal Code:	Town/City:
Office Telephone No:	Mobile No:	E-Mail Address:

### PHYSICAL ADDRESS.

Home County:	Estate/Location:	House No./Village:
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### EMPLOYMENT DETAILS (To be completed by applicant on payroll).

Name Of Employer:	Payroll No:	Work County:
Terms of Employment Permanent/Contract	Permanent <input type="checkbox"/> Contract <input type="checkbox"/>	Expiry Of Contract:

### IF SELF EMPLOYED (To be completed by Self-Employed applicant).

Business Name:	Business Location:	Office Tel. Number:
Nature of Business	Location of the Business at the County:	District/Sub-County:

### SOURCE OF FUNDS (Tick as appropriate).

Salary <input type="checkbox"/>	Business proceeds <input type="checkbox"/>	Pension <input type="checkbox"/>
Others(Specify)		

### DEPOSIT CONTRIBUTION.

Monthly Contribution(Kshs)	Amount in Words:
Proposed Mode of Remittance: <input type="checkbox"/> Check off <input type="checkbox"/> Standing Order <input type="checkbox"/> Cash <input type="checkbox"/> M-pesa Paybill <input type="checkbox"/> Other(Specify)	
Effective Date(dd/mm/yy):	

### JAMII BENEVOLENT FUND CONTRIBUTION (COMPULSORY).

Monthly Contribution(Kshs.200.00)	Amount in Words: <b>Two hundred shillings.</b>
Proposed Mode of Remittance: <input type="checkbox"/> Check off <input type="checkbox"/> Standing Order <input type="checkbox"/> Cash <input type="checkbox"/> M-pesa Paybill <input type="checkbox"/> Other(Specify)	
Effective Date(dd/mm/yy):	

### SHARE CAPITAL CONTRIBUTION (Minimum Contribution Kshs 10,000)

Monthly Contribution(Kshs)	Amount in Words:-
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Proposed Mode of Remittance: <input type="checkbox"/> Check off <input type="checkbox"/> Standing Order <input type="checkbox"/> Cash <input type="checkbox"/> M-pesa Paybill <input type="checkbox"/> Other(Specify)
Effective Date(dd/mm/yy):

### ATM CARD APPLICATION

Do you wish to be issued with an ATM Card? <input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>YES</b> , please fill and sign an ATM Application Form

### JAMII M-CASH MOBILE BANKING

Do you wish to be registered on Jamii M-Cash? <input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>YES</b> , please fill and sign a Mobile Banking Application Form

### NEXT OF KIN /NOMINEE / GUARDIAN INFORMATION.(COMPULSORY)

Name(s)	Relationship	ID Number	Mobile No	Date of Birth	Final Dues% of Deposit/Inte rest	Funeral Fund Beneficiary

I agree to abide by the **Terms and Conditions** that govern Jamii Sacco, Its Products and Services. I affirm that the Information given here in is true and complete.

**Applicant Name:**.....

**Date**...../...../.....

**Applicant Signature:**.....

#### OFFICIAL USE ONLY

Authorized By:.....Signature.....Date.....

Activated By: ..... Signature..... Date.....

Supervised By: ..... Signature:..... Date:.....