



JAMII CO-OPERATIVE SAVINGS AND CREDIT SOCIETY

P.O. Box 57929-00200, Nairobi - Kenya
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Passport Size
 photograph

MEMBERSHIP APPLICATION FORM & FOSA SAVINGS ACCOUNT

Requirements: 1. Copy of National ID 2. One Coloured Passport Size Photo 3. Copy of KRA PIN certificate
 4. Entrance fee Ksh. 1000

APPLICANT'S DETAILS

Surname:	Other Names:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth:	Marital Status:	Occupation
Mobile	Email Address:	

WORK COUNTY ADDRESS

Work County:	Postal Address:	Postal Code:
Office Telephone No.	Mobile No	E Mail Address:

HOME COUNTY ADDRESS

Home County:	Sub-County:	Location/Village/House No
Postal Address:	Postal Code	

IDENTIFICATION

ID No:	Place of Issue:	KRA PIN:
Passport No:	Issue Date	Expiry Date:

EMPLOYMENT DETAILS (To be completed by applicant on payroll)

Name of Employer:	Payroll No:	Employment Date:
Terms of Employment Permanent <input type="checkbox"/> / Contract <input type="checkbox"/>	Expiry of Contract	Designation: (position)

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 CONTRIBUTIONS

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

JAMII BENEVOLENT FUND CONTRIBUTION (COMPULSORY). (monthly Contribution Kshs. 300.00)

Proposed Mode of Remittance: Check off Standing Order Cash M-pesa Paybill Other(Specify)

Effective Date (dd/mm/yy)

SHARE CAPITAL CONTRIBUTIONS (Minimum Share Contribution Kshs 20,000)

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

ATM CARD APPLICATION

Do you wish to be issued with an ATM Card? Yes No

I hereby confirm that the above details are correct and agree to the policies and terms of the JAMII Sacco ATM application

JAMII M-CASH MOBILE BANKING (Safaricom number only) INTERNET BANKING (Email address compulsory)

Do you wish to be registered on Jamii M-Cash? Yes No

Do you wish to be registered on Jamii Internet Banking? Yes No

I hereby confirm that the above details are correct and agree to the policies and terms of JAMII M-cash Mobile Banking Application and / for Internet Banking. **Signature** **Date**.....

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

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

I confirm that the information given above is true to the best of my knowledge. By signing on this form, I request you to open an account in my name (s) provided. I agree to abide by the By-laws of Jamii Sacco/ or its products and/ or, and services issuance and usage.

I agree that this account shall be operated solely at the discretion of the society and hereby indemnify the society at my cost, against any cost incurred or claims arising out of the account.

Applicant Names:..... Date...../...../.....

Applicant Signature:

REFEREE (To be filled by the member introducing the applicant)

Name(s):	Member No.	Mobile No:
Signature:	Position in the SACCO B.OD <input type="checkbox"/> STAFF <input type="checkbox"/> DELEGATE <input type="checkbox"/> MEMBER <input type="checkbox"/>	Date:

FOR OFFICIAL USE ONLY

We have checked and confirmed all the information given above is correct

Member Captured by:..... Signature:..... Date:.....

Member Supervised by:..... Signature:..... Date:.....