



INDIVIDUAL MEMBERSHIP APPLICATION FORM

I/We, having read and understood Nafasi Sacco society by-laws and general terms and conditions governing membership and operations of various accounts & services, availed to me/us through the Sacco website and other channels, wish to join as member(s) and undertake to comply, observe and be bound by the same, now and as per future revisions thereof

AUTHORITY TO ACCESS AND PROCESS MY DATA

I/We have authorized Nafasi DTS society ltd to access, process and share my personal data to third parties that assist in service delivery. I release Nafasi DTS society ltd and its officers, employees and agents from all claims, actions or proceedings of whatsoever nature and howsoever arising, suffered or incurred in connection with access and processing my personal data.

1. BIO DATA (Send your Passport photo to 0728102039 on WhatsApp)

Name _____

National ID/No _____ KRA PIN _____

Date of Birth _____ County _____

Postal Address _____ Town _____

Mobile No _____ Email _____

Current Residence _____ House No _____

Nearest Landmark _____

Regular place of worship _____

Present Bankers _____ Branch _____

Marital Status _____

Next of Kin _____ Mobile no _____ Relationship _____

2. SOURCES OF INCOME

Employment/Business/Farmer/ _____ Type/Sector _____

Location of business/workstation _____

Name of employer _____ Payroll No _____

Duration in Employment/ Business _____ Approx. Monthly Income (Ksh) _____

Where applicable, group name _____ Chair contact _____

Member recruited by: _____

Nafasi Deposit Taking Sacco Society Ltd.

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3. CHANNELS

ATM CARD APPLICATION I/We authorize the sacco to issue me with an ATM card linked to my account. I/We accept and agree to be bound by the conditions of use as published in Nafasi Sacco website. <i>(Tick appropriately)</i>				MOBILE BANKING APPLICATION I authorize the sacco to register me on mobile banking services linked to my account . I accept and agree to be bound by the conditions of use as published in Nafasi Sacco website. <i>(Indicate number to be registered & Tick appropriately)</i> Mobile phone Number.....			
YES		NO		YES		NO	
Signature				Signature			

4. MONTHLY STANDING ORDER *(Indicate amount)*

Shares..... Loan Security Deposit..... Insurance.....
 Benevolent Others.....

Standing order run date.....with effect from.....

5. OPERATIONS MANDATE

I/We confirm that the information provided herein and the disclosures made are true

NAME(S)	I.D/PASSPORT NO(s)	SPECIMEN SIGNATURES

Account Operating Mandate *(Specify by ticking)*

Singly		Either to sign		All to sign		Any two to sign		others	
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6. NOMINEE DETAILS (AS PER BY-LAW 8) (provide additional list if this is not adequate)

Name	IDNO	Mobile No.	Relationship	%

7. BENEVOLENT FUND - OPTIONAL (Add a sheet of paper if the space is not adequate)

I..... would like to join the Nafasi Benevolent Scheme and hereby authorize the society to deduct monthly contribution as resolved by the Annual general meeting.

No.	Name of spouse (s)	ID NO.
1.		
2.		
	Child's Name	Date of Birth
1.		
2.		
3.		
4.		
5.		

8. PARENTS DECLARATION (Attach copies of identity cards for the parents and parent in-laws)

	Parents Name (s)	ID number	COUNTY
1			
2			





	Parents in-law Names	ID number	COUNTY
1			
2			

OTHER SERVICES (Tick)	Cheque book:		In-house chequebook	
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Applicant's Signature _____ Date _____

Witness statement: I confirm that the applicant _____ is well known to me for _____ years and is capable of operating an account as a member of Nafasi Sacco society limited

Witness By: Name _____ Sign _____ Date _____

9. (FOR OFFICIAL USE ONLY)

Approved by _____ Sign _____ Date _____

Posted by _____ Sign _____ Date _____

Membership Number _____ FOSA account Number _____

ATM card requested		Mobile Banking enrolled	
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