



Attach  
Passport photo

### MEMBERSHIP APPLICATION FORM

Please complete in **BLOCK LETTERS**. This form is complete when attached: one recent coloured Passport Photograph, Copy of National ID/Valid Kenya Passport and a copy of KRA PIN.

#### SECTION A: APPLICANTS BIO-DATA

Mr./Ms. Others (Specify)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>								
Name (as per National ID)									
ID/Passport No:	Date of Birth: <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Nationality:	Marital Status:								
Country of Residence:	County:								
Sub-county:	Postal Address/Code:								
Primary Mobile Number:	Other Number:								
KRA PIN:	Email:								

#### SECTION B: OCCUPATION DETAILS (Select where applicable only)

Employed:	Self Employed/ Biashara:
Employer:	Business Type/ Name:
Employer Address:	Business Address/ Location:
Payroll No:	Gross Monthly Income:
Terms of Service:	
Department:	

#### SECTION C: OTHER SOURCES OF INCOME

Pension Income:  Others (Please Specify):  .....

#### SECTION D: MONTHLY REMMITTANCE

Monthly Deposit Contribution (Kes): .....Amount in words: .....

Membership Fees (Kes): .....Amount in words: .....

Mode of remittance: Check off  MPESA  Others (Specify)  .....w.e.f.....2025

**SECTION E: NEXT OF KIN (to be contacted in case of emergency – MUST BE 18 years & above)**

Name: ..... Relationship ..... Mobile Number .....  
ID No: .....

**BENEFICIARY (PERSON(S) DESIGNATED TO RECEIVE FUNDS/BENEFITS IN THE UNFORTUNATE EVENT OF LOSS OF LIFE/TOTAL DISABILITY)**

NAME	RELATIONSHIP	PERCENTAGE ALLOCATION	I/D NO	TEL NO.

Please provide a guardian if the nominee(s) is/are below 18 years

Name ..... National ID .....

Mobile No. ....

**WITNESSED BY:**

NAME	ID/PASSPORT NUMBER	SIGNATURE

**SECTION F: MEMBER INTRODUCED BY:**

Please specify how you came to know about the Sacco:

Existing Member  Bunista Staff  Social Media

i) If introduced by existing member, fill in below

Name:	Member No.	Sign
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ii) Have you ever been a member of this sacco before?

Yes  No  if yes, indicate previous membership number .....

**SECTION G: SIGNATURE AND DECLARATION:**

In making this membership application, I confirm that all particulars given by me are true. I consent that my personal data may from time to time be used and disclosed for lawful purposes and in accordance with Bunista Regulated Non- WDT Sacco Society Ltd policy and relevant laws as amended from time to time. In the event I wish to amend my information provided to the Sacco, I commit to follow the Sacco stipulated data change process. I do hereby agree to conform to the society's By-Laws and any amendments thereof.

Name:	Signature:	Date:
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**SECTION H: FOR OFFICIAL USE ONLY:**

Member recruited by

Name:	Staff number	Sign
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DATE OF ADMISSION: ..... APPROVED ON : .....

MEMBERHSIP FEE PAID ..... MEMBERSHIP NO: .....

APPROVED BY MANAGEMENT MINUTE NO: .....