BUNISTA NON- WDT SACCO SOCIETY LTD
P.O. BOX 194 - 40601 Bondo Tel: 0768 546 610
Email: information@bunista.co.ke / bunistasavingandcredit@yahoo.com

APPLICATION FORM FOR MEMBERSHIP BUNISTA NON- WDT SACCO SOCIETY LTD

Please complete in **BLOCK LETTERS**. This form is complete when attached: Copy of **National ID**/Valid **Kenyan Passport/Alien ID** and a Copy of **KRA PIN.**

I hereby make application for the membership of the Bunista Non-WDT Sacco Society Ltd and undertake to abide by the By-Laws and Resolutions of the B. O. D. of the Society and the Annual General Meeting.

SECTION A: APPLICANT'S BIO-DATA

Full Name (as per National ID): ..... Gender. .....

I.D / Passport No./ Alien I.D No. ..... Date of Birth .....

KRA PIN. ..... Email. .....

Primary Mobile Number: ..... Other. .....

Nationality: ..... Marital Status: .....

County. ..... Sub-County. .....

Location. ..... Sub Location. .....

Next of Kin. Name. ..... Mobile No. .....

SECTION B: OCCUPATION DETAILS

Employer: .....

Employers Address: ..... Postal Code. .....

Payroll No: .....

Terms of Service. .....

SECTION C: INTRODUCED BY

Please specify on how you came to know/ learn about the Sacco:

Sacco Staff	Name:	Staff No.
Existing Member	Name:	Member No.
Others (Please Specify):	Name:	

Have you ever been a member of this Sacco before? Yes / No

(Delete whichever is not applicable) if yes state

Sacco membership number. .....

Date membership ceased. .....

SECTION D: NOMINEE/NEXT OF KIN DETAILS

I the undersigned, upon my demise whilst a member of the Society, hereby instruct the Society to pay all amounts due to me, to the person (s) named in this section. I understand that I may alter the name of nominated next of kin by filling a subsequent nominee form.

NAME	ID. No.	D. O. B	Relationship	Telephone No.	(%) Assigned

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

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

Mobile No. .....

Witnessed by: -

1. Name. ..... I/D / Passport No. .....

Address. .....

Signature of the 1st witness. ..... Date. .....

2. Name. ..... I/D /Passport No. .....

Address. .....

Signature of the 2nd witness. ..... Date. .....

Given under my hand this ..... day of ..... 20 ..... Signature .....

TO: JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE & TECHNOLOGY

AUTHORITY TO MAKE DEDUCTIONS FROM EMPLOYEES SALARY TOWARDS BUNISTA NON-WDT SACCO SOCIETY LTD.

I ..... hereby authorize you to deduct Kshs. .....

from my monthly salary and pay Bunista Sacco Society Ltd with effect from the month of .....

20 ..... until further notice.

Please deduct Kshs. **2,000.00** entrance fee along with the monthly contribution.

Yes ☐ NO ☐

Department .....

Address. ..... Code. ..... Town. .....

Member's Signature. ..... Date. .....

This is to be used for deduction of shares from my salary.

NOTE

Please quote your bank as it appears on your pay slip and your account number.

Bank Name. .....Branch. .....Bank Account N0. .....

FOR OFFICIAL USE

DATE OF ADMISSION. .....APPROVED ON. .....

MEMBERSHIP FEE PAID. ..... MEMBERSHIP NO. .....

APPROVED BY MANAGEMENT MINUTE NO. .....