



WEVARSITY SACCO LIMITED

Wevarsity Plaza, Lurambi, Kakamega-Webuye Road

P.O BOX 873-50100, Kakamega

Mobile: +254 707 124 360 / 706 007 605

Email: info@wevarsitysacco.co.ke Website: www.wevarsitysacco.co.ke

MEMBERSHIP APPLICATION FORM

SECTION A: FOR OFFICIAL ONLY

| | |
|-------------------|-----------------|
| SACCO Account No: | Membership No.: |
|-------------------|-----------------|

PLEASE COMPLETE YOUR DETAILS IN BLOCK LETTERS

SECTION B: APPLICANT'S DETAILS

| | | |
|----------------|-----------------|---|
| Surname: | Others: | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Date of Birth: | Marital Status: | Occupation: |
| County: | Sub county: | Ward: |
| location: | Sub location: | Village: |

SECTION C: CONTACT DETAILS

| | | |
|-----------------|-------------|------------|
| Postal Address: | Postal Code | Town/City: |
| Cell Phone: | Email: | Telephone: |

SECTION D: IDENTIFICATION

| | |
|----------------------------|--------------|
| ID NO.(Attach Copy): | KRA Pin: |
| Passport No.(Attach Copy): | Expiry date: |

SECTION E: NEXT OF KEEN DETAILS

| | | |
|-------------|---------------|--------|
| Name: | Relationship: | ID No: |
| Cell Phone: | Email: | |

SECTION F: EMPLOYMENT DETAILS

| | | |
|---|------------------|-------|
| Name of employer: | Payroll No: | |
| County: | Sub county: | Ward: |
| Terms of employment (Permanent / Contract / other): | Employment Date: | |

SELF EMPLOYED

| | |
|-------------------|-------------------------|
| Name Of Business: | Street/Building/Estate: |
| Location: | Nature of Business: |

SOURCE OF FUNDS (Tick As appropriate)

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

SECTION G: ESTIMATED MONTHLY INCOME (Tick as appropriate)

| | | | |
|--------------------------------------|---|---|--|
| 0 - 20,000: <input type="checkbox"/> | 20,001 - 50,000: <input type="checkbox"/> | 100,0001 – 200, 000: <input type="checkbox"/> | Over 200,000: <input type="checkbox"/> |
|--------------------------------------|---|---|--|

MONTHLY CONTRIBUTION
(5% of the basic salary)

Amount in words:.....

We Have What You Need

MODE OF CONTRIUTION (Tick as appropriate)

Check off Salary Standing order Pay bill (721876):
 Cheque (In favour of Wevarsity Sacco Society Ltd KCB A/C: 1101921250), Kakamega Branch

SECTION H: INTRODUCED BY

| | |
|---|--------|
| Name: | ID No: |
| Designation: Member: <input type="checkbox"/> Staff: <input type="checkbox"/> Delegate: <input type="checkbox"/> Director: <input type="checkbox"/> Others: <input type="checkbox"/> | |

SIGNING MANDATE

I/we agree that the following signature(s) will make a valid transaction with Wevarsity Society Sacco Ltd
 (For Signatory Status it can be a Member or an Authorized Person)

1. Full Name(s) _____ I.D No. _____
 Signatory Status _____ Signature _____ Date _____
 2. Full Name(s) _____ I.D No. _____
 Signatory Status _____ Signature _____ Date _____

ALTERNATE CHANNELS OF SUBSCRIPTION

Issue ATM Card Mobile Banking Facility SMS Alerts Email

DECLARATION

I/we confirm that the information given above is true to the best of my/our knowledge. By signing on this form, I /we request you to open an account in my name(s) as indicated. I/we agree to abide by the by-laws of Wevarsity Sacco. I/We agree that this account shall be operated at the desecration of the society and hereby indemnify the society at my cost, against any cost incurred or arising out of the account.

Applicant's Signature _____ Date _____

FOR OFFICIAL USE ONLY

A/C No _____ Membership No. _____
 Created by _____ Date _____
 Signature _____ Staff/Membership No. _____
 Approved by _____ Signature _____