



Biblia Sacco Ltd

Pooling together

P.O. Box 7041 - 00300 Nairobi, Kenya. Kamirembe Place 1st Floor, Adjacent to Eastlands Hotel, Ring Road, Kilimani.
Tel: 020 2718933/24990 | Mobile: 0721393609, 0733120606 | Email: info@bibliasacco.com | Website: www.bibliasacco.com

Attach Photo

MEMBERSHIP APPLICATION

To: The Hon Secretary

I hereby make an application for membership and agree to confirm to the Sacco's by-laws, policies and any amendments thereof.

N/B: PLEASE USE CAPITAL LETTERS TO FILL IN THIS FORM

APPLICANT'S DETAILS				
Full Name (As Per ID)	_____	Title	_____	
Date of Birth	DD / MM / YYYY	Gender	_____	
	_____	Marital Status	_____	
ID / Passport No	_____	Nationality	_____	
	_____	Tax PIN No.	_____	
Postal Address & Code	_____	Tel or Mobile No	_____	
Email Address	_____			
Residential Address	_____	Town	_____	
	_____	House No	_____	
Home County	_____	Home Sub County	_____	
BUSINESS OR EMPLOYMENT DETAILS				
Employer's or Business Name	_____	Position	_____	
Nature of Employment or Business	_____	Work Station	_____	
Postal Address & Code	_____	Tel or Mobile No	_____	
Physical Address	_____	Payroll No	_____	
PROPOSED CONTRIBUTION				
(A) Monthly Employment + Business Income	(Kshs) _____	(B) Monthly Expenditure	(Kshs) _____	
(C=A-B) Monthly Disposable Income	(Kshs) _____	(D) Proposed Contribution	(Kshs) _____	
BANK DETAILS				
I authorize Biblia Sacco to pay all my future benefits and claims to the Bank Account below until advised otherwise in writing				
Account Name	_____			
Account No.	_____	Account Type	_____ (Current / Savings)	
Bank Name	_____	Bank Branch	_____	
PAYMENT MODES				
Salary Deduction	_____ (Name of your Employer or Business)			
Cheque Payment to	Biblia Sacco Society Limited			
Direct Bank Deposit to	Account No	011-2000-0539-200	Account Name	Biblia Sacco Society Limited
	Bank Name	Co-operative Bank of Kenya	Branch Name	Parliament Road Branch, Nairobi
Mpesa Deposit to	Paybill No.	332750	Account / Ref No.	Membership, ID or Passport No.
N/b: Cash payment is NOT accepted, only use the above payment modes. The Sacco will not be liable for any cash given to staff, agent or broker.				

BENEFICIARIES DETAILS

The name of the beneficiaries can be given in a sealed letter. You may alter list of beneficiaries by filling in a subsequent nomination form. Beneficiaries designated to receive total funds less any debts to the Sacco in the unfortunate death of a member/applicant. At least one of the beneficiaries **MUST** be above 18 years.

Full Name (In the correct order)	Relationship	Allocation %	Mobile No.	ID No. / Birth Certificate No.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Total 100%

APPLICANT'S DECLARATION

I _____ *(Full Name)* _____ the applicant declare that;

1. This application is hereby made to Biblia Sacco Society Ltd according to the Sacco's terms and conditions.
2. The statements made in this application and in any other documentation submitted in connection with this application are complete, true and form the basis of the membership. I have checked those statements carefully and if there are any changes to the information in this form before or after the membership starts, I will inform Biblia Sacco Society Ltd.
3. I recoverably authorize and request any organization or official who may be in possession of or hereafter acquire any information concerning my credit status to disclose such information to Biblia Sacco Society Ltd.
4. The Sacco may recover any expenses incurred, unpaid fees and loans if I terminate the application for membership.

Applicant's Signature _____

Date _____

This form needs to be returned to Biblia Sacco Society Ltd with the following mandatory documents: -

- > **ID / Passport copy**
- > **One passport size photo**
- > **KRA PIN certificate copy**

EMPLOYER, PASTOR, OR REFEREE'S CONFIRMATION

I _____ *(Full Name)* _____ confirm that the applicant is well known to me and that he/she is capable of independently operate an account as a member of Biblia Sacco Society Ltd.

Tel or Mobile No. _____

Email Address _____

Relationship to Applicant _____

Employer or Business _____

Referee's Signature _____

Date _____

FOR THE SACCO'S USE ONLY

Introduced By _____

Signature _____

Date DD / MM / YYYY

Approved By _____

Signature _____

Date DD / MM / YYYY

Input & Filed By _____

Signature _____

Date DD / MM / YYYY

Date of Admission DD / MM / YYYY _____

Membership No. _____