



BIBLIA REGULATED NON-WDT SACCO SOCIETY LTD

P.O. Box 7041 - 00300 Nairobi, Kenya. Kamirembe Place 1st Floor, (Opposite Shan Shui Hotel), Ring Road, Kilimani.
 Mobile: 0111 030700, 0721393609 | 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 <u>DD / MM / YYYY</u> _____	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 Greenhouse Mall 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 Regulated Non-WDT 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 Regulated Non-WDT Sacco Society Ltd.
3. I revocably 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 Regulated Non-WDT 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

DD / MM / YYYY**Data Protection Consent**

I hereby expressly consent and authorize the Sacco to disclose, receive or utilize my personal information or data relating to my account and use the services as per the existing bylaws as long as I'm a member of the Sacco:

- a) To and from any local international law enforcement or competent regulatory or government agencies so as to assist in the prevention, detection, investigation or prosecution of criminal activities or fraud.
- b) To and from Sacco's service providers, dealers, agents or any other company that may be or become the Sacco's subsidiary or holding company for reasonable commercial purposes relating to the services.
- c) To the Sacco's lawyers, auditors or other professional advisors or to any court or arbitration tribunal in connection with any legal or audit proceedings; and where need be to your loan guarantors (in case of default) and the related third parties.
- d) To your mobile service provider in relation to this agreement.
- e) For reasonable commercial purposes connected to your use of the services, such as marketing and research related activities.
- f) To Credit Reference Bureau in accordance with the laws and regulations; and
- g) In business practices including but not limited to quality control, training and ensuring effective systems operation.

Applicant's Signature _____

Date

DD / MM / YYYY

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

- a. **ID / Passport copy**
- b. **One passport size photo**
- c. **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 operating an account as a member of Biblia Regulated Non-WDT Sacco Society Ltd.

Tel or Mobile No. _____ Email Address _____

Relationship to Applicant _____ Employer or Business _____

Referee's Signature _____ Date _____ *DD / MM / YYYY*

MEMBER INTRODUCTION SECTION

Introduced By (*Full Name*) _____ Member No. _____ Member Signature _____ Date *DD / MM / YYYY*

FOR THE SACCO'S USE ONLY

Reviewed 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. _____