

**NNK STAFF SAVINGS AND
CREDIT SOCIETY LTD**
P. O. Box: 41546-00100
Nairobi, Kenya
Cell Phone +254 20 721324019/ +254 20 720496849
Email:info@nnkstaffsacco.com

Passport
Photo

MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION

Surname:	Given Name:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth:	Marital Status:	Occupation:
Mobile:	Email:	

IDENTIFICATION INFORMATION

I.D/Passport No.:	Place of Issue:	KRA Pin:
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EMPLOYMENT DETAILS

Employer's Name:	Payroll No.:	Employment Date:
Employment Terms: Permanent <input type="checkbox"/> Contract <input type="checkbox"/>	Expiry of Contract:	Designation:

IF SELF-EMPLOYED

Business Name:	Business Location:	Tel. No.:
Nature of Business:		District/Sub county:

HOW DID YOU COME TO KNOW ABOUT US?

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SOURCE OF FUNDS

Salary: <input type="checkbox"/>	Business Proceeds: <input type="checkbox"/>	Pension: <input type="checkbox"/>
Other (Specify):		

DEPOSIT CONTRIBUTION

Monthly Contribution (Ksh):	Amount in words:
Proposed mode of Remittance:	
Check off	Standing Order <input type="checkbox"/> Cash <input type="checkbox"/> M-Pesa <input type="checkbox"/> Other:
Effective Date (dd/mm/yy):	

NEXT OF KIN/NOMINEE/GUARDIAN INFORMATION (COMPULSORY)

Name	I.D. Number	Phone Number	Date of Birth	Relationship	Final dues % Deposit/Interest	Funeral Fund Beneficiary(one kin)

I confirm that the information provided is true to the best of my knowledge. By signing this form, I request you to open an account in my/our name/names provided. I agree to abide by the by-laws of NNK Staff Sacco and/or its products and services issuance and usage.

I agree that this account shall be operated solely at the discretion of the society and hereby indemnify the society at my cost, against any cost incurred or claims arising out of the account.

Applicant Name: _____ **Date:** _____

Applicant Signature: _____

REFEREES

Name:	Member Number:	Mobile Number:
Signature:	Position in Sacco: B.O.D: <input type="checkbox"/> Staff: <input type="checkbox"/> Delegate: <input type="checkbox"/> Member: <input type="checkbox"/>	Date:

FOR OFFICIAL USE ONLY

We have checked and confirmed that the information provided above is true

Captured By: _____ **Signature:** _____ **Date:** _____

Supervised By: _____ **Signature:** _____ **Date:** _____