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# STUDENTS CENTER, 1st Floor, Strathmore University, Nairobi P.O. Box 59857 00200, Nairobi Kenya, Tel: +254 (0) 797 686 483,

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# MEMBERSHIP REGISTRATION FORM

**Complete your Details in Capital Letters and attach the following Documents:**

1. Applicants ID /passport photo copy.
2. Applicants passport size photo.
3. Copy of KRA pin certificate
4. Copy of nominee’s ID/Passport/Birth certificate if a minor.
5. Copy of proof that you are Strathmore affiliate centers or Alumni or meet other criteria.
6. Registration fee of Ksh 1,000.00 (Upon acceptance of application form)

# DETAILS OF THE APPLICANT

|  |  |  |
| --- | --- | --- |
| **SURNAME:** | **MIDDLE:** | **OTHERS** |
| **Mr./Mrs./Dr./Miss:** | **GENDER:** | **DATE OF BIRTH:** |
| **MARITAL STATUS:** | **NATIONALITY :** | **ID/PASSPORT:** |
| **EMAIL:** | **PHYSICAL RESIDENCE:** | **PHONE NO:** |
| **POSTAL ADRESS:** | **POSTAL CODE:** | **TOWN:** |
| **KRA PIN NO:** | **OFFICE NO:** | **ALTERNATIVE PHONE NO:** |

1. **MEMBERS BANK DETAILS**

|  |  |  |
| --- | --- | --- |
| **BANK NAME** | **BRANCH** | **ACCOUNT NO** |
|  |  |  |

# EMPLOYMENT DETAILS

(Members who are salaried)

|  |  |  |
| --- | --- | --- |
| **EMPLOYER :** | **PIN NUMBER:** | **PHYSICAL LOCATION:** |
| **POSTAL ADRESS:** | **POSITION HELD:** | **TOWN:** |
| **PHONE NUMBER:** | **OCCUPATION:** |  |

# BUSINESS DETAILS

(Members in business)

|  |  |
| --- | --- |
| **BUSINESS NAME:** | **PHYSICAL LOCATION:** |
| **POSTAL ADRESS:** | **NATURE OF BUSINESS:** |

1. **BENEFICIARY DETAILS** (**If “minor” indicate minor instead of ID number)**

I, as a member of the co-operative, do hereby appoint the following listed nominee(s) to be the only legal beneficiaries of the net of my shares over all loans owing or my total shares in case of my sudden demise subject to the validity of my membership as at the time of death. The beneficiaries are in order of preference.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FULL NAMES** | **ID NUMBER** | **PHONE NUMBER** | **RELATIONSHIP** | **EMAIL ADRESS** | **ALLOCATION (%)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# AUTHORISATION TO DEDUCT FROM SALARY

1. I hereby authorize the following monthly contribution amount as follows:

|  |  |
| --- | --- |
| **AMOUNT IN FIGURES** |  |
| **AMOUNT IN WORDS** |  |
| **DEPOSIT CONTRIBUTION** |  |
| **SHARE CAPITAL** |  |

1. **HUMAN RESOURCE DEPARTMENT (Employers stamp here)**

|  |  |
| --- | --- |
| **MEMBER NAME** |  |
| **EMPLOYEE NAME** |  |
| **PERMANENT EMPLOYEE** |  |
| **CONTRACT EMPLOYEE** |  |
| **NAME OF HUMAN RESOURCE OFFICER** |  |
| **SIGNATURE OF HUMAN RESOURCE OFFICER** |  |

# DECLARATION

I confirm that the information given above is true to the best of my knowledge. By signing on this form, I request you to open an account in my names provided. I agree to abide by the By-laws of the society. I have read and abide by the Terms and Condition of this application.

|  |  |
| --- | --- |
| **SIGNATURE** | **DATE** |
| **INTRODUCED BY** | **SIGNATURE** |

# PAYMENT DETAILS

|  |  |
| --- | --- |
| **BANK** | **MPESA** |
| **CO-OPERATIVE BANK LIMITED** | **MPESA PAYBILL** |
| **BRANCH: UKULIMA** | **BUSINESS NUMBER: 400222** |
| **A/C NAME : MZIMA SPRING SACCO LTD** |  |
| **A/C NO :01120040136300** | **A/C NO : 17029#Member no. OR Name** |

1. **FOR OFFICIAL USE ONLY**
2. Date form received and recorded by the co-operative …………………………………………………………………………..
3. Form is complete:
   * The form is correctly filled [ ]
   * All the information provided is correct [ ]
   * ALL the documents and fees have been received. [ ]
4. Signed for and on behalf of Mzima Springs and Credit Society Limited.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** | **SIGNATURE:** | **DESIGNATION:** | **DATE:** |

1. **Membership Number**
2. **MEMBERS OBLIGATION**
   * The expected minimum deposit contribution per month is Ksh 1,000.
   * Pay their debt obligations to the society without fail and save regularly with the society to mobilize funds for lending to the members.
   * Liable for the society’s indebtedness in case of insolvency in accordance with the Act and the bylaws.
   * Observe the code of conduct and ethics for cooperative societies and desist from any corrupt practices in all dealings with the society.
   * Refrain from engaging in the business of money lending in competition with the society.
   * Protect the image of the society and avoid unnecessary publicity, incitement or careless talk that can injure the reputation of the society.
   * Support issues put forth that improve the sustainability of the Society and promote the goodwill of all members.
   * Buy and pay for shares and make any other payments provided in the bylaws of the Society.
   * Attend meetings and education forum and take part in decision-making.
   * Comply with the By-Laws, the Co-operative Societies laws, SACCO Act, Rules and Regulations and General Meeting Resolutions.
   * Observe the code of conduct and ethics for cooperative societies and desist from any corrupt practices in all dealings with the society.

**-YOUR PERSONAL ANCHOR -**