

FORM B (PCEA INSTITUTION ONLY)

PCEA REGULATED Non-WDT SACCO SOCIETY LTD NO. 4483

P O BOX 27573 NAIROBI, TEL. 0720403460/079263308

EMAIL: ADMIN@PCEASACCOLTD.CO.KE

Passport
Photos

APPLICATION FOR MEMBERSHIP

REQUIREMENTS

- 1. Introduction letter from the relevant church court***
- 2. ID copies and passport photos for the officials***
- 3. Extract minutes of the meeting where the institution resolved to Join the Sacco***

NB: Registration fees Kshs 5000 paid once.

Share Capital Kshs 15000

Minimum monthly contribution Kshs 5000

A) PCEA INSTITUTIONAL INFORMATION (Attach registration certificate/introduction letter from relevant court)

Registration Name.....Pin No.....

Date of Registration:

Nature of Business:

County:Sub-County.....

Institution Address.....Tel Number.....

Email.....

Bank Details: Account Number.....

1. Title of A/C.....

2. Bank.....

3. Branch.....

**Officials/Committee/Director Names
NAMES**

1)ID NO.....

2)ID NO.....

3)ID NO.....

MONTHLY CONTRIBUTION

Monthly contribution Ksh.....in words.....

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MODE OF PAYMENT

Standing Order Pay Bill Cheque Direct banking

Our Account Number: 01120040130600 Coop Bank, Langata Branch

Pay bill No: 922200.

Ac No: Institution name

Applicants Declaration:

We the Directors/Officials of.....hereby declare that the above particulars are true to the best of our knowledge and believe and agree to comply, observe, and abide by the society by-laws, AGM Resolution, and co-operative society act.

The same has been discussed and approved by the said organisation (***please attach the Minute extract***). We also agree to indemnify the society against any loss or claim arising out of the account being closed without notice because of unsatisfactory performance.

1.Signature.....Date.....
2.Signature.....Date.....
3.Signature.....Date.....
4.Signature.....Date.....

(Official Stamp)

CERTIFICATE OF INTRODUCTION

I..... Being the presbytery clerk do and confirm that the matter was discussed and approved by the presbytery.

.....Date.....Minute No.....

Witnessed by Moderator/Parish ministerFinance chair/Treasurer.....

Presbytery/Parish Name.....

Email Address.....
Presbytery clerk/Session clerk.....Address.....Mobile
No.....

FOR OFFICIAL USE ONLY

Application approved by Management Committee.

Date of Admission...../...../ 20..... Membership No.

Date of Ceasation /...../ 20....

REMARKS

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CHAIRMAN

SECRETARY

