

PCEA REGULATED NON-WDT SACCO SOCIETY LTD

CS/NO. 4483

P O BOX 27573-00506 NAIROBI,

TEL. 0720403460/0792633308

EMAIL: **ADMIN@PCEASACCOLTD.CO.KE**

NB: The applicant should attach his/her photocopy of the National Identity Card.

(Registration Fees Kshs 1,000/= once)

(Share capital Kshs 15,000/= minimum)

Minimum contribution shall be Kshs 1000 per Month)

APPLICATION FOR MEMBERSHIP

The Chairman - PCEA Regulated Non-WDT SACCO SOCIETY Limited

Dear Sir,

NAME.....

DATE OF BIRTH: PAYROLL NO.....

MARITAL STATUS..... MEMBER NO

DESIGNATION I.D NO.....

WORK STATION..... GENDER

ADDRESS..... PIN NO

EMAIL..... RELIGION

PHYSICAL ADDRESS SHARE CERTIFICATE NO

Terms of Employment. (If applicable) **BUSINESS**

i. Permanent

☐

i. Own

ii. Contract

☐

ii. Joint

iii. Casual

☐

iii. Family

SIGNATURE OF APPLICANT

TELEPHONE NO DATE.....

INTRODUCED BY:

TELEPHONE NO

EMAIL ADDRESS

BANK INFORMATION

1. TITLE OF ACCOUNT

2. ACCOUNT NUMBER

3. BANK

4. BRANCH

I hereby apply for membership and agree to confirm to the by-law's regulations and amendments thereof:

1.CHURCH EMPLOYEE

AUTHORITY TO MAKE DEDUCTION FROM MY SALARY

a) I hereby authorize you deduct Kshs.monthly from my salary or any other financial benefits due to me and pay to the PCEA REG. NON WDT SACCO SOCIETY LTD. With effect from the month of..... 20 being my share savings with the Society until further notice in writing.

b) Please deduct Kshas entrance fee once and for all.

(c) Employer's signature Date

PAYROLL NO Endorsed by and stamped

STAMP

2.PCEA NON-EMPLOYEE

MONTHLY CONTRIBUTION

My Monthly contribution will be Kshs

- | | |
|--------------------|----------------------|
| i. Standing Order | <input type="text"/> |
| ii. Direct Banking | <input type="text"/> |
| iii. Paybill | <input type="text"/> |

Applicants Declaration:

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

Signature.....Date.....

CERTIFICATE OF INTRODUCTION: (To be filled by the applicant **Referee** who must be a member. (Not spouse).

I do hereby confirm that I have known the above applicant for _____ years and that the details he/she has given above and the address herein are correct. I Also confirm that I consider him/her as respectable and trustworthy to be accepted into Sacco membership and undertake to produce him/her in person if need be.

Referee/s Name.....

Membership No.....

Address.....Telephone No.....Email Address.....

Sign.....Date.....

FOR OFFICIAL USE ONLY

Application approved by Management Committee.

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

Date of Cessation /...../ 20....

REMARKS

.....

.....
CHAIRMAN

.....
SECRETARY

DATE.....

BANK DETAILS

ACCOUNT NAME: PCEA SACCO LTD

Cooperative bank K ltd.

Langata rd Branch.

Account Number: 01120040130600

Swift code: KCOOKENA

LIPA NA MPESA

Pay bill No: 922200.

OR

Pay bill No. 400200

Acc. No: Member's ID No

Acc. No. 40020536

**PCEA REGULATED NON-WDT SACCO SOCIETY
LIMITED**

P.O BOX 27573-00506 NAIROBI

CONFIDENTIAL.

NOMINEE FORM.

I being a member of
PCEA REG. NON WDT SACCO SOCIETY LTD.

Member No..... Postal Address

County..... Sub-County.....

Location.....

Do appoint

NAME	RELATIONSHIP	ID NO	TELEPHONE	%

To be the NOMINEE/NOMINEES for the purposes of my membership in
the society as provided under By-Law 10.

I understand that no other person may come to claim to be administrator of
all or any of my interests in the society after this appointment. This authority
is **irrevocable** by any other person except by me if I alter the nominee
hereof in writing and signed under my hand as under.

Signed.....Member. Date.....

This statement is made in the presence of the undersigned:

(1) Signature.....M/NO..... Date.....

(2) Signature..... M/NO.....Date.....