MWITO D.T. SACCO LIMITED

Tel No: 020-3505209 / 0785715392 / 0715555390.
Email: info@mwitosacco.coop

MEMBERSHIP APPLICATION FORM

Kindly attach the following Mandatory documents

1. **Copy of your National ID/Valid Passport**
2. **Two recent color passport size photo (Write your name ,ID NO and signature at the back)**
3. **Copy of KRA Pin Certificate**

1. PERSONAL PARTICULARS

Full Name **(As the per the ID/Passport)**_____
Date of Birth (**DD/MM/YY**)_____Gender_____Marital Status_____
National ID/Passport No._____KRA PIN_____
Mobile No._____Email Address_____
Employed/Business_____Employer/Business Name_____
Personal/Payroll No._____Employer/Business Address_____
Position in Employment_____Terms of service_____Date of Employment_____
Re-joining the Sacco? **Yes / No**

2. NOMINEE AND CONTACTS

NO.	NAME	RELATIONSHIP	DEPOSIT REFUND (%)	SINKFUND (TICK)√	ID NO.	CELL PHONE
1.						
2.						
3.						
4.						
5.						

3. MONTHLY CONTRIBUTIONS TO BE PAID THROUGH (TICK APPROPRIATELY)

Check Off **(Kshs)**……Direct Debit **(Kshs)**……Fosa Remittance **(Kshs)**……
I authorize you to deduct the sum of Kshs._____for Deposit Contribution from my salary every month with effect from the month of_____until further notice.
Non-Refundable membership fee of Kshs.1, 000/- .Share Deposit contribution per month_____

4. ALTERNATE CHANNELS (TICK APPROPRIATELY)

1. Sacco link ATM Yes ☐ No ☐
2. M-Mwito registration Yes ☐ No ☐ (Registered Safaricom line only) _____
3. Internet Banking Yes ☐ No ☐

5. DECLARATION

I hereby certify the information I have provided is true to the best of my knowledge **Signature……..…..Date……**

6. FOR OFFICIAL USE ONLY

Approving Officer's name_____**Signature**_____**Date**_____

Membership No._____**FOSA NO**_____