



MWITO D.T. SACCO LIMITED

P.O BOX 56763 - 00200 NAIROBI.
 Tel No: 020-3505209 / 0785715392 / 0715555390.
 Email: info@mwitosacco.coop
 Website: www.mwitosacco.coop

Member No.

MEMBERSHIP APPLICATION FORM

Kindly attach the following Mandatory documents

- I. Copy of your National ID/Valid Passport
- II. Two recent color passport size photo (Write your name, ID No. and signature at the back)
- III. Copy of KRA Pin Certificate

1. PERSONAL PARTICULARS

Full Name (As 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	ID NUMBER	CELL PHONE	SINKFUND (TICK)√	DEPOSIT REFUND(%)
I.						
II.						
III.						
IV.						
IV.						

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

Check Off Direct Debit Fosa Remittance

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/-

4. ALTERNATE CHANNELS. Would you like to have the following? (TICK APPROPRIATELY)

- I Sacco link ATM Yes No
- II. M-Mwito (Mobile Banking) Yes No (Registered Safaricom line only) _____
- III. Internet Banking Yes No

5. DECLARATION

- I. I hereby consent that in the event of loan default, my terminal benefits be used to pay my loans.
- II. 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 _____

Account opened by: _____ Signature _____ Date _____

Alternative channels approved by: _____ Signature _____ Date _____