

MHASIBU SACCO SOCIETY LIMITED



HEAD OFFICE
Barclays Plaza, 8th Floor
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P.O Box 31295-00600
Email: info@mhasibusacco.com

MEMBERSHIP ACCOUNT OPENING APPLICATION FORM

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

1. Applicants ID /passport copy.
2. Applicants passport size photo.
3. Copy of next of kin ID/Passport/birth certificate if a minor.
4. Copy of proof that you are in the accounting profession or meet other criteria.

1. DETAILS OF THE APPLICANT

SURNAME	MIDDLE:	OTHERS
MR./MRS./DR./MISS./MS.	GENDER	DATE OF BIRTH (DD/MMIYY)
MARITAL STATUS	NATIONALITY	ID/ PASSPORT
EMAIL ADDRESS	PHYSICAL RESIDENCE	MOBILE PHONE NO
POSTAL ADDRESS	POSTAL CODE	TOWN
KASNEB/ICPAK/ACCA NO.	INTRODUCED BY (MHS NO)	PHONE NO.

2. EMPLOYMENT DETAILS

(To be completed by salaried applicants)

NAME OF EMPLOYER	PIN NUMBER	PHYSICAL LOCATION
POSTAL ADDRESS	POSITION HELD	TOWN
TELEPHONE NUMBER	OCCUPATION	CONSTITUENCY

3. MEMBERS BANK DETAILS

BANK NAME	BRANCH	ACCOUNT NO.
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4. BUSINESS DETAILS

(To be completed by a business applicant)

BUSINESS NAME	BUSINESS PHYSICAL LOCATION
POSTAL ADDRESS	NATURE OF BUSINESS
APPROXIMATE MONTHLY INCOME (KSHS)	

5. CONTRIBUTION DETAILS

I wish to make a monthly contribution of _____ Effective date (mm/), , _____

Proposed mode of remittances: Chec _____ Standing Orde _____ Cash Deposi _____ M-pesa _____ Cheques _____

Schemes:

Share deposits	_____
Children scheme	_____
Plot buying scheme	_____
Holiday scheme	_____
Fixed deposits	_____

6. MOBILE BANKING (MSACCO)

Enter Mobile Number (Safaricom)

7. DETAILS OF NEXT OF KIN

NEXT OF KIN'S FULL NAMES	ID NUMBER	EMAIL ADDRESS	RELATIONSHIP	TELEPHONE NUMBER

8. 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 name(s) provided. I agree to abide by the by-laws of this society. I have read and agreed to abide by the Terms and Conditions for this application. I agree that this account shall be operated solely at the discretion of the society and hereby indemnify the society at my cost, against any cost incurred or claims arising out of the account.

Please sign in the 3 spaces provided Date:

Name of Witness (Must be society's Member)

Signature of Witness MHS No.

How did you learn about Mhasibu Sacco:

Sacco Member Twitter Facebook Others

9. BANK ACCOUNTS

ACCOUNT NAME: MHASIBU SACCO LTD

COMMERCIAL BANK OF AFRICA | Mama Ngina Street Branch | Account Number : 6435220015

EQUITY BANK | Kenyatta Avenue Branch | Account Number : 1290271968015

COOPERATIVE BANK | University Way Branch | Account Number : 01120040136100

10. FOR OFFICIAL USE

Date of Admission

Approved by Board Minute No Membership No Allocated

Chairman

Treasurer Secretary

Recovery effected by (Name)

Signature W.E.F