



**PEFA NAIROBI CENTRAL NON-WDT SACCO LTD**  
Head office: Solar House 3<sup>rd</sup> Floor  
Branch: Kasarani (Opp. Mwiki Bus Stop)  
P.O BOX 79459-00200 NAIROBI  
TEL: 0799944122/0728292836/0700170564  
EMAIL: [Info@pefasacco.co.ke](mailto:Info@pefasacco.co.ke)  
Web: [www.pefasacco.co.ke](http://www.pefasacco.co.ke)

**AFFIX  
PASSPORT HERE**

## **MEMBERSHIP APPLICATION FORM**

I hereby apply for membership and agree to abide and conform by the society's by-laws, rules and regulations and amendments thereof. Please complete this form in **CAPITAL** Letters.

### **APPLICANT DETAILS**

MEMBERSHIP NO.

FIRST NAME

MIDDLE NAME

LAST NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

NATIONAL ID/ PASSPORT

KRA PIN

DATE OF BIRTH (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Postal Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Town \_\_\_\_\_

Physical Residence \_\_\_\_\_ Gender; MALE  FEMALE  Marital Status \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone no. \_\_\_\_\_

Member introduced by; (*Active member*) \_\_\_\_\_ M/NO. \_\_\_\_\_

Monthly Savings Ksh. \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### **EMPLOYMENT DETAILS (Tick Appropriately)**

Self-employed  salaried  Retired  Physical Location \_\_\_\_\_

Name of the employer \_\_\_\_\_ Telephone no \_\_\_\_\_

Postal Address \_\_\_\_\_ Postal code \_\_\_\_\_ Town \_\_\_\_\_

Have you been a member before? Yes  No

Church \_\_\_\_\_

### **NOTE**

#### **Mandatory Documents**

- ★ A copy of your ID card
- ★ 2 passport size color photos
- ★ A copy of KRA pin (If available)
- ★ A copy of birth certificate where the **nominee** is a minor (under **18 years** of age)

#### **Mandatory payments**

- Membership fee paid once Ksh. 1,000
- Minimum monthly contribution of Ksh. 1,500
- Share capital of Ksh.10,000
- Benevolent (annual) of Ksh 1,200

### **CONFIDENTIAL**

### **NOMINATED NEXT OF KIN DETAILS**

I, the undersigned in the event of my death whilst a member of this society, hereby instruct the society to pay all the amounts due to me, less any indebtedness owed by me to the society, to the person(s) named in this section. I understand that I may alter the name(s) of the nominated next of kin by updating a new nominee(s) form.

S/No.	Name	ID No.	Relationship	Percentage Share (%)	Physical Address	Tel No.
1.						
2.						
3.						
4.						

**INDEMNITY**

**I ACCEPT AND AGREE TO THE TERMS AND CONDITIONS THAT GOVERN PEFA NAIROBI CENTRAL SACCO. I CONFIRM THAT THE INFORMATION THAT I HAVE PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE. BY SIGNING ON THIS FORM, I REQUEST TO OPEN AN ACCOUNT IN MY NAME(S) PROVIDED. I AGREE THAT THIS ACCOUNT SHALL BE OPERATED SOLELY TO THE DISCRETION OF THE SOCIETY AND INDEMNIFY THE SOCIETY AGAINST ANY COST INCURRED OR CLAIMS ARISING OUT OF MY ACCOUNT.**

**Applicant**

Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Witness**

Name of witness (*Must be society's member*) \_\_\_\_\_ ID No. \_\_\_\_\_

Witness' Signature \_\_\_\_\_ M/no (Witness) \_\_\_\_\_

**OFFICIAL USE ONLY**

Date of Admission .....

Approved by .....

Signature.....

Filed by .....

Signature .....

*Pefa Nairobi Central Sacco  
Save regularly, borrow wisely....*