



# EXAMS CO-OPERATIVE SAVINGS & CREDIT SOCIETY LTD

## APPLICATION FOR MEMBERSHIP

**Attach  
coloured  
passport photo**

- *To be completed in capital letters*

### SECTION A

#### PERSONAL DETAILS

FULL NAME.....

ID NO. .... (As per National ID) DATE OF BIRTH .....

MOBILE NO.....EMAIL ADDRESS.....

MARITAL STATUS ..... GENDER  MALE  FEMALE

P.O. BOX..... COUNTY.....

KRA PIN .....

#### OCCUPATION/BUSINESS DETAILS

EMPLOYED  BUSINESS  OTHER.....

EMPLOYER/ BUSINESS NAME .....

EMPLOYER'S/ BUSINESS ADDRESS .....

POSITION IN EMPLOYMENT.....

WORK STATION/BUSINESS LOCATION.....

GROSS MONTHLY INCOME .....

PAYROLL NUMBER .....

#### OTHER SOURCES OF INCOME

PENSION INCOME  OTHER (SPECIFY) .....

#### MONTHLY CONTRIBUTIONS

PROPOSED MONTHLY CONTRIBUTION KSHS..... AMOUNT  
IN WORDS.....

PROPOSED MODE OF REMITTANCES:

STANDING ORDER  BANK DEPOSIT  MPESA

EFFECTIVE DATE OF CONTRIBUTION (DD/MM/YY) .....

**SECTION B**

**NOMINEE/NEXT OF KIN DETAILS**

Name	ID No.	Relationship	Mobile No.	Date of Birth	Percentage %

- Provide copies of national ID and/or birth certificate for minors

IF NOMINEE IS UNDER 18 YEARS PROVIDE A GUARDIAN

NAME.....

ID NO..... MOBILE NO.....

REFEREE (To be filled by the member introducing the applicant)

NAME..... MEMBER NO.....

ID NO..... CONFRIM THAT THE APPLICANT  
MR/MRS/MS..... IS WELL KNOWN TO ME  
AND THAT HE/SHE IS CAPABLE OF INDEEPENDENTLY OPERATING AS A MEMBER OF  
EXAMS SACCO SOCIETY LIMITED.

HE/SHE IS MY.....

REFEREE'S SIGNATURE..... DATE.....

**I ..... HEREBY MAKE  
APPLICATION FOR MEMBERSHIP TO THE SOCIETY AND AGREE TO ABIDE BY THE  
BY-LAWS AND/OR AMENDMENTS THEREOF IN THE EXAMS COOPERATIVE  
SAVINGS AND CREDIT SOCIETY LIMITED.**

APPLICANT'S SIGNATURE..... DATE.....

WITNESSED BY.....

SIGNATURE..... DATE.....

**Please provide us with a copy of your national ID and KRA PIN.**

**Any changes to the above information should be communicated to the Secretary Exams Sacco Ltd as soon as possible.**

## **SECTION C**

### **HEAD-OFFICE**

National Housing Corporation (NHC) Building, Mezzanine Floor, Aghakan Walk, Nairobi City CBD  
P O Box 73598-00200 City Square Nairobi

Email: [info@examssacco.com](mailto:info@examssacco.com), [esacco@knec.ac.ke](mailto:esacco@knec.ac.ke) and [examssacco@gmail.com](mailto:examssacco@gmail.com)

Website [www.examssacco.com](http://www.examssacco.com)

Mobile +254 701 567 772, +254 787 329 887

### **PAYMENT DETAILS**

#### **BANK**

Account Name	Exams Sacco Ltd
Bank	Co-Operative Bank
Branch	Co-Operative House
Account No.	01120000547700

#### **MPESA**

Paybill No.	400222
Account No.	14762#Your Name, Payroll/ Member Number, you can narrate what you are paying for (loan, shares or deposits) (Without Spacing) For example: 14762#jumabakari12345deposits

### **ADMISSION INTO MEMBERSHIP**

An applicant shall be admitted to membership of the SACCO Society but shall not qualify for the rights and privileges of a member until he/she has paid an entrance fee of **Kshs.1,000.00** and paid in full at least **10 shares** of Kshs.1000.00 each totalling to **Kshs.10,000.00**, or purchase of minimum shares as shall be fixed by the General Meeting from time to time.

**SECTION D**

***(FOR OFFICIAL USE ONLY)***

1. KSHS. 1,000 ENTRANCE FEE ON..... RECEIPT NO.....
2. VOLUNTARY ASSIGNMENT SIGNED ON.....
3. DATE OF ADMISSION TO MEMBERSHIP.....
4. APPROVED BY BOARD OF MANAGEMENT VIDE MINUTE NO. & DATE.....
5. ALLOCATION MEMBERSHIP NUMBER.....
6. RATIFIED BY GENERAL MEETING HELD..... MINUTE NO.....

**NAME**

**SIGNATURE**

**DATE**

CHAIRPERSON .....

SECRETARY .....