



Metropolitan National Sacco Ltd.

Building Better Lives Together

REGISTERED OFFICE:

Ground Floor of Chai House, Koinange Street P.O. Box 5684-00100 Nairobi. Tel: (020) 8007509/2011391
Cell: 0736 086295/0715 680269 Email: info@metrosacco.co.ke, Website: www.metrosacco.co.ke

Membership No.:.....

APPLICATION FOR MEMBERSHIP FORM



Requirements:

- 1. One most recent passport size photograph
- 2. Copy of National ID
- 3. Most recent payslip
- 4. Membership fee Kshs 1000/=

APPLICANT'S PERSONAL AND EMPLOYMENT DETAILS

Surname: Other Names:.....

Date of Birth..... ID No:..... PIN No: Cell Phone No:.....

Employer: Terms of Service (Permanent/Temporary/Contract)

Date of Employment..... Designation:

Employment (payroll) No: Workstation

County.....Sub-County:.....

Present Address P.O. BoxCode.....Town.....

Email Address:

MEMBER'S NOMINEE

Pursuant to the by-laws of this society, I hereby nominate the person(s) named hereunder to receive the monies standing to the credit of my shares and deposits accounts and any other dues at my death.

Name	ID NO	Relationship to you	Percentage
1.			
2.			
3.			
4.			
5.			
6.			
7.			

AUTHORITY TO THE EMPLOYER TO DEDUCT THROUGH CHECK-OFF:

I..... whose particulars are shown above, do hereby give my
Employer of P.O. Box
(Postal code) (Town)..... authority to deduct from my salary every
month an amount of Kshs as shares and Kshs as insurance.

FOSA ACCOUNTS SERVICES

Tick the appropriate box for services you wish rendered:-

VISA BRANDED ATM CARD	<input type="checkbox"/>
SMS BANKING	<input type="checkbox"/>
PAY POINT	<input type="checkbox"/>
CHEQUE BOOK	<input type="checkbox"/>

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide to the society's by-laws

NB: Signature as used in all banking transactions.

NAME IN FULL (BLOCK LETTERS)	NATIONAL ID / PASSPORT	SPECIMEN SIGNATURE

(For official Use Only)

Witnessed by Sacco Officer

Approved by:

(1) Chief Executive Officer, SignatureDate.....

Received by:

Name:.....SignatureDate.....

Membership No:.....Receipt No.:.....Admission Date:.....

Name:.....Signature.....Date.....

Data Captured by: (BOSA)

Name.....Signature.....Date.....

Data Captured by (FOSA)

Name.....Signature.....Date.....

Data captured confirmed by:

Name.....Signature.....Date.....