



Metropolitan National Sacco Ltd.

A Deposit Taking SACCO

Licensed and Regulated by The SACCO Societies Regulatory Authority (SASRA)

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 / ACCOUNT RE-ACTIVATION FORM (SALARIED PERSONS)

Date Preferred Branch Membership No

Requirements

1. Copy of National Id/Passport

2. Most recent payslip

Account Number

5	0	2																	
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Affix Passport
Size Photo
Or
Indicate Photo
No.....

I wish to Re-activate the above account
(Please complete all details in CAPITAL letters)

PERSONAL DETAILS

Surname..... Other Names.....

Nationality:..... Cell Phone No:.....

Date of Birth:..... National ID/ Passport No:.....

Gender: Male: Female:

Marital Status: Married: Single:

Present Address P.O Box..... Code..... Town.....

Email Address:.....

EMPLOYMENT DETAILS

Employer:..... Terms of service (Permanent/Temporary/Contract).....

Date of employment:..... Current Position/designation:.....

Employment (payroll) No..... Workstation.....

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

Address of employer P.O Box..... Code..... Town.....

MEMBER'S NOMINEES

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 accounts with the Sacco and any other dues at my death. This nomination supercedes any earlier one.

NAME	ID NO	RELATIONSHIP TO YOU	%
1.			
2.			
3.			
4.			
5.			
6.			

AUTHORITY TO DEDUCT

I.....whose particulars are provided, do hereby give my employer/Sacco authority to deduct from my salary every month an amount of Kshs.....as members deposit and Kshs. 200 as risk fund.

CURRENT (FOSA) ACCOUNT SERVICES

Tick the appropriate box for services you wish rendered.

- VISA BRANDED ATM CARD
- MOBILE BANKING
- CHEQUE BOOK
- SALARY PAY POINT

NB/Signatures as used in all banking transactions

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

DECLARATION

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

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

(FOR OFFICIAL USE ONLY)

Witnessed by:

DSR..... Code.....Signature.....Date.....

Received by:

New Business Officer:.....Signature.....Date:.....

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

Data Captured By:

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

Data Confirmed By:

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

Approved By:

Chief Executive Officer , Signature Date:.....