



# Metropolitan National Sacco Ltd.

*Building Better Lives Together*

REGISTERED OFFICE:

Ground Floor, 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 APPLICATION FORM

### (BUSINESS/ SELF EMPLOYED)

Membership No..... Branch..... Date of application.....

#### Member information Checklist

- 1. Certificate of Registration
- 2. Business/ Business owner's KRA Pin
- 3. Trading License/ Business Permit
- 4. Copy of National ID/ Passport
- 5. Most recent Passport Photo
- 6. Membership fee Ksh. 1,000/=

**Paybill Number 944600**

Affix Passport  
Size Photo  
Or  
Indicate Photo  
No.....

Account Number

5	0	8																	
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(Please complete all details in CAPITAL letters)

#### BUSINESS OWNER'S DETAILS.

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

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

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

Physical Address (Residential) .....

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

Email Address .....

Are you an existing Metropolitan National Sacco Member? Yes  No

If yes Membership No:.....

#### BUSINESS DETAILS

Business Trading Name .....

Location of Business..... Business PIN No.....

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

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

Date of Registration:..... Business Licence No.....

#### NATURE OF BUSINESS

Retail  Wholesale  Transport  Agro Business (Dairy, Tea, Coffee, Horticulture etc)

Building & Construction  Real Estate (Rental)  Educational Institutions  Artisan

Others (Specify) .....

Regulated by the Sacco Societies Regulatory Authority (SASRA)

**NEXT OF KIN**

Pursuant to the by-laws of this Sacco 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.

NAME	ID NO	RELATIONSHIP TO YOU	PERCENTAGE

**FOSA ACCOUNT SERVICES**

Tick the appropriate box for services you wish rendered:-

VISA BRANDED ATM CARD	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CHEQUE BOOK	YES <input type="checkbox"/>	NO <input type="checkbox"/>
MOBILE BANKING	<input type="checkbox"/>	<input type="checkbox"/>	STANDING ORDER FOR MONTHLY CONTRIBUTIONS	<input type="checkbox"/>	<input type="checkbox"/>

**AUTHORITY TO DEDUCT**

I ..... whose particulars are provided, do hereby give the Sacco authority to deduct from my FOSA account every month an amount of Kshs..... as member deposits and Kshs. 250 as risk fund contribution.

**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-law.

I understand that by entering into this Sacco agreement, I give indemnity, authorizations, consents and waivers and agree to limitations on the Sacco's liabilities. I do hereby affix my signature as evidence that I fully understand and agree to be bound by the same. I have, in addition, agreed to be bound by any variations to the terms and conditions that may be made by the Sacco from time to time, and updated on its Website:- [www.metro sacco.co.ke](http://www.metro sacco.co.ke).

I authorize the Sacco to use my contact details to send information about products and services including but not limited to offers and promotions.

NB: Signature as used in all banking transactions.

APPLICANT'S SIGNATURE  
(Specimen)

Date:.....

**(For official Use Only)**

Name of sales staff/Agent ..... Sales Code .....

***Received by:***

Branch Officer's:(Name).....Signature.....Date:.....

***Data captured by:***

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

***Data confirmed by:***

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

***Approved By:***

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

