



# Metropolitan National Sacco Ltd.

A Deposit Taking SACCO

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

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

## APPLICATION FOR MEMBERSHIP

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

### Requirements

1. Copy of National ID/Passport  4. Copy of KRA Pin   
 2. Most recent payslip (where applicable)  5. Membership fee Ksh. 1,000/=   
 3. One most recent passport photo  **Paybill Number 944600**

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

Account Number

5	0	2																	
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(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 supersedes any prior one

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

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**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. 250 as risk fund.

**(FOSA) ACCOUNT SERVICES**

I hereby authorize the Sacco to subscribe me to the below services up to and when otherwise advised by myself.

Tick the appropriate box for services you wish rendered.

VISA BRANDED ATM CARD Yes  No  MOBILE BANKING Yes  No

**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.

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

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:.....