



# DHAMINI CO-OPERATIVE SAVINGS & CREDIT SOCIETY

P.O BOX 44749 00100, NAIROBI, Tel: 0714 373862, 0735 497564, 020 5003300  
E-mail address [customer@dhaminisacco.com](mailto:customer@dhaminisacco.com)

COMPLETE THIS FORM IN BLOCK LETTERS

## APPLICATION FOR MEMBERSHIP

### Personal details

I hereby make an application for membership and agree to conform to the Societies By-laws and any amendment thereof:-

Full Name: Mr/Mrs/Miss.....  
Date of Birth..... ID number.....  
Date of Application..... Email address.....  
Present Address..... Mobile No. ....  
Re-Joining the Sacco? Yes/No .....

Specimen signature of Applicant

Passport Photo (*affix here*)

Bank.....Branch.....  
A/C No..... KRA PIN No..... (*attach copy*)

### Employment Details (To be completed by an Employed Applicant)

Occupation (*tick*):  
Business     Employed     Salaried     Society/Group     Institution

Please specify occupation above \_\_\_\_\_

Employer..... Official Designation.....  
Payroll No. .... Terms of service.....

### Business Details (To be completed by an Individual Contributor Applicant)

Business Name .....  
Nature of Business..... Location.....

## NOMINATED NEXT OF KIN

I, the undersigned, in the event of my death, whilst a member of the society, hereby instruct the society to pay all amounts due to me, less any debts to the Society, to the person named in this section. The name of nominee can be given in a sealed letter. I understand that I may alter the name of the Nominated Next of kin by filling in a subsequent Nominated next of kin Form.

### Nominated Next of Kin

No.	NAME	RELATIONSHIP	% ALLOCATION	ID NO.	TEL. CONTACT

*Please provide a guardian if the nominee (s) is/are below 18years*

Name..... ID No..... Tel No.....

**Nonrefundable Membership registration fee of Kshs. 1,500 should be included in the first month contributions.**

I hereby make application for membership and agree to conform to the society's By-laws and any amendments thereof.

### AUTHORITY TO MAKE DEDUCTION FROM MY SALARY

**I, MR/MRS/MISS** .....

Hereby authorize you to deduct the sum of Kshs .....from my salary every month and pay to Dhamini Sacco Society Ltd. with effect from month of ..... until further notice.

Non-refundable registration fee of Shs. 1,500.

Share/Deposit contribution per month .....

*I hereby give consent for my personal data to be processed for the purposes and procedures described below*

Name & ID No..... Signature..... Date.....

Witness Name and signature..... (Witness must be an existing Member)

**PAYMENT DETAILS - Paybill Number - 375900 ACCOUNT NUMBER – Member ID Number**

**- BANK ACCOUNT- 01120000545800 – Coop Bank – Upperhill Branch Account Name- Dhamini Sacco**

*(Attach a copy of ID, KRA PIN certificate and one Passport size photo)*

Introduced by.....Mno.....Sign.....

## FOR SOCIETY USE ONLY

Approving officer's name .....Signature..... Date.....

Membership No.....

Date of Withdrawal.....Date of Refund.....