|  |
| --- |
| Attach  Passport  Photo |

# Reli Logo jpgRELI SACCO SOCIETY LIMITED

# P.O BOX 55541 – 00200 NAIROBI

# Tel. 0727 796 323/ 0729 210 867

# E-mail: [info@relisacco.co.ke](mailto:info@relisacco.co.ke)

# Membership Application Form

|  |
| --- |
| Sign Below |

**REQUIREMENTS: copy of your ID, KRA Pin, 2 passport size photos**

|  |
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|  |

**Applicants Details**

|  |
| --- |
|  |

Full Name

Mobile No…………………………………………………Tel No…………………………………………

Date of Birth (dd/mm/yy) ………………………………... Present Address…………………………….....

Marital Status………………………………………………Sex/Gender……………………………………

I.D/Passport No……………………………………………. E-mail Address……………………………….

Home/Permanent Address…………………………………. Nearest Pri.Sch………………………………

County………………………………………………………Location……………………………………...

**Employment Details (To be completed by an employed applicant)**

Employer……………………………………………...Terms of service……………………………………

Designation…………………………………………...Work station……………………………………….

Date of employment…………………………………...Monthly Contribution KSH……………………….

Employment/Check No………………………………. Department………………………………………...

**Authority to Make Deductions from my Salary**

I…………………………………………hereby authorize my employer…………………………………to make a one-off membership fee deduction of KSH…….…. and recurrent deductions of KSH……………. from my salary to be remitted to Reli Savings and Credit Cooperative Society Limited with effect from……….....................20..............

These instructions shall remain in force unless altered by me in concurrence with the society.

**Pensioners/KRC Retirees (To be completed by pensioners / KRC retirees)**

Pension income(KSH.) ……………. Other income………………Employer………………………………

Proposed monthly contributions…………………. Effective date (dd/mm/yy) …………………………….

**Authority to Make Deductions from my Pension**

I……………………………………………. hereby authorize my employer…………………………….to make a one off membership fee deduction of KSH……….. and recurrent deductions of KSH…………from my pension to be remitted to Reli Savings and Credit Cooperative Society Limited with effect from……………………20………

These instructions shall remain in force unless altered by me in concurrence with the society.

**Business Details (To be completed by a business applicant)**

Business Name…………………………………. Business Address……………………………………….

Nature of Business………………………………Approximate Monthly Income………………………….

Business Location………………………………. Business REG. NO……………………………………

Proposed Mode of Remittances: Standing Order Pay bill Sasa Bank Others specify

Effective Date (dd/mm/yy) ………………………………………………………………………………….

**Commitment to Remit Monthly Contributions**

I……………………………………………. will contribute KSH…………………with effect from……………20……...

**Nominee information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S/No.** | **Name** | **I.D No.** | **Relationship** | **Date of Birth** | **Phone No.** | **%** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |

**Applicant’s signature ………………………………………….. Date ……………………………………**

**Witnessed by**

I………………………………………………………. of I.D No………………………….hereby witness the applicant Mr./Mrs./Ms…………………........................signature………………..Date………………

**IMPORTANT DETAILS TO MEMBERS**

* **BANK ACCOUNT DETAILS PAY BILL**
* **Bank: Cooperative Bank Pay bill: 865438**
* **Acc. No.: 01120000594214 ACC. No: Enter your ID / check no.**

**Introduced by / Referee (who should be a current member of Reli Sacco Society)**

**Name…………………………………………………. I. D No……………………………………………**

**Employment/Check No…………………………. Signature…………………. Date…………………...**

**OFFICIAL USE ONLY**

Membership Approved by Board of Directors Meeting on Date………….…20……MIN NO……………

Board Secretary Name………………………………Signature……………...Date………………………

Signed and Sealed by the CEO………………………Signature………………. Date……………………

Account opened in the system by……………………. Signature………………. Date…………………….