

GUSII MWALIMU SACCO SOCIETY LIMITED

MWALIMU HOUSE, 1ST FLOOR, P.O. BOX 1335, TEL: 057-2030357; FAX: 058-31021 KISII.

Website: <http://www.gusiimwalimusacco.co.ke> ; Email Address: info@gusiimwalimusacco.co.ke

APPLICATION FORM FOR MEMBERSHIP

Please fill in the following information in BOLD (capital letters) without leaving any blank space. This will help us serve you better. ***All Fields are mandatory***

PERSONAL INFORMATION

Surname _____ Middle Name _____ First Name _____
Date of Birth _____ Marital Status _____ ID/PP Number _____
TSC/P.NO _____ Gender/Sex _____ Employment Date _____
Occupation _____ Employer _____ KRA PIN _____
Place of work _____ County _____ SubCounty _____ Zone _____

ADDRESS

Present _____ Mobile No.1 _____
Home _____ E-Mail _____

NEXT OF KIN/BENEFICIARY

Full Names _____ Relationship _____
ID/PP Number _____ Address _____

WITNESS

Full Names _____ TSC/P.NO _____
Membership No: _____ Address _____

DECLARATION

I hereby declare that the source of the funds that I/we shall be/am depositing into my/our account is/are (tick as appropriate):

Salary Business Income Dividend Interest Gifts Pocket money
Others (provide details)

I the undersigned, authorize you to deduct KSh: _____ {amt in words} _____
_____, from my salary Savings Account each
month until further notice.

This is to certify that the information provided above is true to the best of my knowledge.

SIGNATURE _____

DATE _____

NB: KINDLY ATTACH: A COPY OF ID CARD, PASSPORT PHOTO, KRA PIN AND CURRENT ORIGINAL PAYSLLIP.

FOR OFFICIAL USE ONLY

ALLOCATED MEMBERSHIP NUMBER _____ **Date of admission** _____

Note: An entrance Fees of KSh. 600 charged from 1st deposit and KSh. 1100 for rejoining members.

AUTHORIZED BY: NAME _____ **SIGNATURE** _____