

Mwalimu National
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mwalimu@mwalimunational.coop
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MEMBERSHIP APPLICATION FORM

A. MEMBER DETAILS:

Applicant's Full Name: _____
Date of Birth: _____ Gender: _____ ID/Passport No.: _____ TSC/PF No.: _____
Present Address: _____ Code: _____ Town: _____ Cell phone No.: _____
Email: _____ Marital Status: _____
Delegate Branch: _____ County: _____

B. WORKSTATION DETAILS:

Name of Employer: _____ Institution/School/Department: _____
Nature of Employment (**tick where appropriate**): Permanent [], Contract []. Designation: _____
P.O. Box (Office): _____ Code: _____ Town: _____
Do you have any physical disability (**tick where appropriate**)? Yes [], No []

C. FOSA BRANCH DETAILS:

Preferred nearest Mwalimu National FOSA Branch: _____

Specimen Signatures:

Have you been a member of Mwalimu National SACCO Society Ltd before? Yes [], No. []

D. CONTACT PERSON:

In case of an emergency (Name): _____ Relationship: _____
Cellphone No.: _____ P.O. Box: _____ Code: _____ Town: _____

E. AUTHORIZATION TO MAKE DEDUCTIONS FROM SALARY

I _____ of TSC/PF No. _____ hereby authorize you to deduct Kes. _____ from my monthly salary and pay to Mwalimu National SACCO Society Ltd with effect from the month of _____ 20____ until further notice, **Kes.150** for BBF and **Kes.400** for Risk Fund. Please deduct **Kes.2,050** (deductible once) entrance fee along with the shares contribution.

I hereby on execution of this form explicitly and unambiguously consent to the collection, use and transfer, in electronic or other form, of my personal data as described in this document by the Sacco for the purposes of opening and maintaining my Sacco membership, processing of employer deductions and analysis relating to benefits and membership status whether in electronic or other form. I have read the privacy policy on www.mwalimunational.coop and I understand how my personal data will be handled by the Sacco.

DECLARATION IF APPLICANT IS A SPOUSE /CHILD OF AN EXISTING MEMBER

I _____ TSC/PF No.: _____ being a member of the SACCO hereby do confirm that the above named applicant is my legal husband/wife/child and I recommend him/her to join.

APPLICANT'S SIGNATURE: _____ DATE: _____

F. NOTE: Kindly fill a detailed Nominee Form and Burial Benevolent Form (BBF) provided separately.

G. FOR OFFICIAL USE ONLY:

Membership No. assigned: _____ Date of admission: _____
Admitting Officer: _____ Sign: _____ Date: _____
Confirmed by (Supervisor): _____ Sign: _____ Date: _____