



# FINNLEMM SACCO LIMITED

## Your Prosperity our Priority

55 Gatundu Road Kileleshwa, P.O. Box 67666- 00200 Nairobi.  
Tel: +254 722 607 983, +254 713 129 950

Attach Photo

### MEMBERSHIP APPLICATION FORM

To: The Hon Secretary

I hereby apply for membership and agree to abide by the Co-operative Societies Act and Rules, Sacco Societies Act & Regulations 2020, By-Laws of Finnlemm Sacco Society LTD. I declare that I am not a member of any other Co-Operative Society. I also consent Finnlemm Sacco to seek further clarification from a licensed Credit Reference Bureau and/or undertake appropriate referencing and sharing of credit information as per the Credit Reference Bureau Regulations, 2013.

Fill in the form in BLOCK letters and attach the following:

- 1 Passport size photo       Next of Kin Nominee ID copy/ Birth Certificate  
 Copy of personal ID/ Valid Passport       KRA Pin Certificate

#### APPLICATION'S DETAILS

NAME OF APPLICANT .....

DATE OF BIRTH ..... IDENTITY/ PASSPORT NUMBER .....

PHYSICAL ADDRESS ..... CODE ..... TOWN .....

MARITAL STATUS .....

EMAIL ..... MOBILE ..... KRA PIN .....

#### OCCUPATION DETAILS

EMPLOYER .....

EMPLOYER'S TELEPHONE .....

EMPLOYER'S ADDRESS .....

DESIGNATION .....

TERMS/ CONDITIONS OF SERVICE .....

*(Temporary/ Permanent/ Contract % Pensionable)*

#### SOURCE OF INCOME

Salary  Pension  Income for business  Others (Specify)

#### MODE OF PAYMENT

Check off  Standing Order  Bank  Mpesa  Others (Specify)

#### AUTHORIZATION TO MAKE DEDUCTIONS FROM SALARY

I wish to contribute Kshs ..... Amount in words .....

as monthly deposits of Kshs ..... Amount in words .....

as shared capital per month.

#### APPLICANT'S NOMINEE DETAILS

Pursuant to the by-laws of this Society, I hereby nominate the below persons as the next of kin or as the nominated persons to receive the monies standing to the credit of my shares and deposits account in the said Society as my death less any indebtedness owed by me to the Society.

Beneficiary/ Trustee Name	ID/ Passport No. or birth Certificate if a MINOR	Relationship	Postal Address and Tel. Contacts	Date of birth	%



APPLICANT'S SIGNATURE ..... DATED .....

**WITNESSES**

i) NAME ..... ID NO. .... SIGNATURE .....

ii) NAME ..... ID NO. .... SIGNATURE .....

**ADDITIONAL DETAILS**

1. Are you a member of another SACCO? (If yes, attach the latest statement from the Sacco) .....

2. Have you been a member of Finnlemm before? .....

3. How did you learn about Finnlemm? {Existing Member, Magazine Advert, Newspaper Advert, Finnlemm Staff, Social Media (Facebook, Twitter, Instagram, LinkedIn, YouTube, Website)} .....

**INTRODUCED BY**

i). NAME ..... ID NO ..... SIGNATURE .....

In making this membership application, I confirm that all particulars given by me are true. I consent that my personal data may from time to time be used and disclosed for lawful purposes and in accordance with Finnlemm Sacco policy and relevant laws as amended from time to time. In the event I wish to amend my information provided to the Sacco, I commit to follow the Sacco stipulated data change process. I do hereby agree to conform to the society's By -laws and any amendments thereof.

SIGNATURE ..... DATED .....

**FOR OFFICIAL USE ONLY**

FORMS AND DETAILS CHECKED BY:

Name ..... Signature ..... Date .....

RECOMMENDED BY:

Name ..... Signature ..... Date .....

APPROVED BY:

Name ..... Signature ..... Date .....

**BENEVOLENT FUND**

*(Please attach a copy of beneficiary's ID/ Valid passport and child's birth certificate if he/ she is a minor)*

Pursuant to the Finnlemm Sacco benevolent fund rules, I hereby nominate the following persons as beneficiaries to the benevolent fund benefits in the unfortunate event of their demise:

1. Name .....

Date of Birth ..... ID/ Passport No .....

Relationship with the applicant .....

2. Name .....

Date of Birth ..... ID/ Passport No .....

Relationship with the applicant .....



3. Name .....  
Date of Birth ..... ID/ Passport No .....

Relationship with the applicant .....

4. Name .....  
Date of Birth ..... ID/ Passport No .....

Relationship with the applicant .....

5. Name .....  
Date of Birth ..... ID/ Passport No .....

Relationship with the applicant .....

APPLICANT'S SIGNATURE ..... DATED .....