



P.O.BOX 10263 -00100, NAIROBI.

*ATTACH
PASSPORT
PHOTO
HERE*

MICRO CREDIT MEMBERSHIP APPLICATION FORM

SURNAME: _____ OTHER NAMES: _____
DATE OF BIRTH _____ ID/ PASSPORT NO: _____
PLACE OF BUSINESS: _____ BUSINESS TYPE: _____ PERIOD OPERATED: _____
TERMS OF EMPLOYMENT IF EMPLOYED (permanent/Contract /Casual). POSTAL ADDRESS: P.O BOX: _____
EMPLOYING INSTITUTION/COMPANY/PERSON: _____
EMAIL ADDRESS: _____ BUSINESS PHYSICAL ADDRESS: _____
RESIDENT AREA: _____ PERMANENT HOME RENTED HOME
OFFICE TEL NO: _____ MOBILE NO: _____

INTRODUCED TO KENVERSTY BY _____ M.NO. _____

BENEFICIARY IN THE EVENT OF DEATH

NAME:	
ID NO:	
ADDRESS:	
CELL PHONE NO:	
RELATIONSHIP:	
(if more than one please ask for additional Beneficiary form)	

MONTHLY DEPOSIT CONTRIBUTION

I, _____ hereby commit to contribute Ksh. _____ every month any financial benefit due to me and pay Kenversity Savings and Credit Co – operative Society Limited with effect from the month of _____ 20____ being my savings with the society until further notice in writing, signed by me.

Sign: _____ Date: _____

Please attach two (2) color Passport Photographs, a copy of Appointment Letter if employed, three (3) copies of National Identity Card and Ksh.500/= Entrance fee, ksh.500 account opening, total Ksh.1000/-

FOR OFFICIAL USE ONLY.

1. KENSA ACCOUNT NUMBER

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Any data provided to Kenversity Co-operative Savings and Credit Society limited will be handled in adherence to section 25 Data protection Act 2019 laws of Kenya.



2. MEMBER NUMBER.....MC: OFFICER.....

RISK MANAGEMENT NOMINEES (Fill in Duplicate)

I hereby declare that I have nominated the following person(s) under the risk management fund. This nomination cancels and super cedes any previous nomination(s) within the society.

	NAME	ADDRESS	ID. NO	RELATIONSHIP
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

<u>NAME</u>	<u>I.D / PASSPORT No.</u>	<u>SIGNATURE</u>

ATTESTING WITNESSES.

1. NAME.....ID NO.....M.NO..... SIGN.....
2. NAME.....ID NO.....M.NO..... SIGN.....

FOR OFFICIAL USE ONLY.

1. KENSA ACCOUNT NUMBER

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MEMBER NUMBER.....

Chairman/ Hon. Secretary (sign).....

Approving Minute Number.....

Any data provided to Kenversity Co-operative Savings and Credit Society limited will be handled in adherence to section 25 Data protection Act 2019 laws of Kenya.



RISK MANAGEMENT NOMINEES (Fill in Duplicate)

I hereby declare that I have nominated the following person(s) under the risk management fund. This nomination cancels and super cedes any previous nomination(s) within the society.

	NAME	ADDRESS	ID. NO	RELATIONSHIP
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

<u>NAME</u>	<u>I.D / PASSPORT No.</u>	<u>SIGNATURE</u>

ATTESTING WITNESSES.

- 3. NAME.....ID NO.....M.NO..... SIGN.....
- 4. NAME.....ID NO.....M.NO..... SIGN.....

FOR OFFICIAL USE ONLY.

1. KENSA ACCOUNT NUMBER

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MEMBER NUMBER.....

Chairman/ Hon. Secretary (sign).....

Approving Minute Number.....