



P.O.BOX 10263 -00100, NAIROBI.

MICRO CREDIT MEMBERSHIP APPLICATION FORM

ATTACH
PASSPORT
PHOTO
HERE

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 KENVERSITY 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

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.

