



# JINYIME UPATE SACCO

Jinyime Upate Sacco Ltd  
Gigiri, Limuru Road, Opposite Village Market  
P.O. Box 978-00621, Nairobi  
Tel: +254 759 018 828  
Email: info@jinyimeupatesacco.co.ke  
Website: www.jinyimeupatesacco.co.ke

## INDIVIDUAL MEMBERSHIP APPLICATION FORM

MNO

APPLICATION DATE: .....



I hereby apply for membership of Jinyime Upate Sacco Ltd.

### A: PERSONAL INFORMATION

Applicant's Full Names (Mr/Mrs/Ms/Dr/Prof).....Gender.....  
(Names should be as it appears on the ID/Passport)  
Nationality.....ID/Passport No.....PIN.....  
Mobile No ..... Postal Address ..... DoB.....  
Marital Status:  Single  Married  Separated  Divorced  Other (Specify).....  
Alternative Mobile No.....Email.....  
Home/Physical Address.....Church & Congregation .....  
County ..... Sub-county.....  
Constituency ..... Ward.....Village.....  
Estate ..... House No .....Other Groups Affiliated to .....

### B: EMPLOYMENT DETAILS ( To be Completed by Employed Applicant)

Employer ..... Employer's Address.....  
Position in Employment ..... Work Station .....  
Terms of Employment ..... Staff/Payroll No .....  
Employer .....

### C: BUSINESS DETAILS

(To be Completed by a Business Applicant )

Business Name.....  
(Attach Business Registration Documents)  
Business Address.....  
Nature of Business .....  
Business Location.....

### D: MONTHLY DEPOSITS COMMITMENT

I hereby commit to be saving a monthly deposit of Ksh:.....  
.....  
.....  
.....

**E: NOMINEE/BENEFICIARY INFORMATION**

No.	Full Names	Relationship	DoB	ID No.	Phone No.	%Endowment

**F: ADMINISTRATOR INFORMATION (If Nominee/Beneficiary is a Minor)**

Name .....

Relationship .....ID No. .... Phone No. ....

**G: NEXT OF KIN INFORMATION (Emergency Contact Person)**

Name .....

Relationship .....ID No. .... Phone No. ....

**H: REFERRAL/INTRODUCTION**

Referred by ..... Member No .....

**I: INDIVIDUAL MEMBERSHIP JOINING REQUIREMENTS**

- Fill the Individual Membership Registration Form
- Attach 2 color passport photos
- Registration fee Ksh 1,000 (Non-refundable)
- Attach copy of ID card or Passport
- Purchase minimum 20 shares at Ksh. 50 at Total 1,000
- Save a mandatory monthly savings Ksh. 5,000

**J: APPLICANT (S) DECLARATION/DISCLOSURE**

I confirm that the information given above is true to the best of my knowledge. By signing on this form I request you to open an account in my name. I agree that I have read, understood and accept the terms and conditions of this account, which have been supplied separately, and agree to be bound by them. I understand that you may in your sole discretion reject this application without having to provide any reasons.

I agree to abide by the By-laws and other amendments of the society.

Applicant Signature.....Date .....

**K: FOR OFFICIAL USE ONLY**

Member No. ....

Receipt No. ....

Date of Admission.....

Approved By ..... Sacco Agent.....

**L: FOR MANAGEMENT**

Signature ..... Official Stamp .....

**VISION:** To have a society of financially enabled employees during and after employment

**MISSION:** Joining hands together for a better life

**CORE VALUES:** Accountability, Uphold Integrity, Value Teamwork, Focused on Service Delivery