



Membership No:

## GROOTS SACCO SOCIETY MEMBERSHIP APPLICATION FORM

P.O Box 10320-001 Nairobi Kenya Phone: 0720-898222  
Email: [grootstk@grootskenya.org](mailto:grootstk@grootskenya.org)



### 1. INSTRUCTIONS

This form needs to be filled and returned to GROOTS SACCO SOCIETY LIMITED, P.O. Box 10320 - 00100 Nairobi, Kenya. Kindly attach the following mandatory documents:

- i) One copy of your ID/Passport
- ii) One recent passport size photo (Write your name, ID number and signature at the back)

### 2. PERSONAL DETAILS

Name in full..... (BLOCK LETTERS)

Source of Income.....

Date of birth.....

Marital Status.....

Gender.....

Mobile Tel No.....

ID No.....

County of Residence.....Sub County.....

Ward.....Sub Location.....Village.....

KRA PIN.....

Current Address.....Code.....Town.....

Email Address.....

Bank Name.....

Account No.....

Bank Branch.....

### 3. NEXT OF KIN (To be contacted in case of emergency)

Name in full (BLOCK LETTERS).....

Date of Birth..... Relationship.....

Mobile Tel No.....ID No..... Current Address.....

Code.....Town.....

Email Address.....

**4. BENEFICIARY** (Person(s) designated to receive funds/benefits in the unfortunate event of loss of life)

No.	Name	Relationship	%Allocation	ID NO.	Telephone
1.					
2.					
3.					
4.					

Witness by (Must include 2 witness)

1. Name: .....

Signature.....Date.....

2. Name: .....

Signature.....Date.....

Indicate the amount to be contributed per month in figures and in words

Amount in figures: Ksh.....

Amount in words: Ksh.....

Monthly Contributions to be paid through (Tick Appropriate)

Cash

Cheque

Paybill

Member's signature .....Date.....

In making this membership application, I do hereby agree to conform to the society's By-laws and any amendments thereof.

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

Member Introduced by.....Member No.....

Member's Signature.....Date.....

Recommended by (Local Group).....

Signature of Chairperson.....

**FOR OFFICIAL USE ONLY**

Approved  Declined

Reason for declining.....

Recruited by .....

Date of Admission.....

Date of Cessation .....

Membership No.....

Signed.....Chief Executive Officer.