

SERIAL No.



MEMBERSHIP APPLICATION FORM

Attach
Passport photo

P.O. Box 75629 -00200, City Square, Nairobi. Call Centre: 0703024000/0703024024

Fax 0208097265 Email: customercare@stima-sacco.com

Website: www.stima-sacco.com

Please complete in BLOCK LETTERS. This form is complete when attached : One recent coloured passport Photograph, Copy of National ID/Valid Kenyan Passport/Alien ID and a Copy of KRA PIN.

I hereby make an application for membership and agree to conform to Stima DT Sacco Society LTD's By-Laws and any amendments thereof. <https://stima-sacco.com/download/stima-sacco-by-laws/>

SECTION A : APPLICANT'S BIO-DATA

Mr./ Ms. Others (Specify)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>								
Name (as per National ID):									
ID/Passport No:	Date of Birth: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Country of Residence:	Marital Status:								
County/Province/City/State:	Postal Address/Code:								
Primary Mobile Number:	Other Number:								
KRA PIN:	Email:								

SECTION B : OCCUPATION DETAILS

Employed : <input type="checkbox"/>	Self Employed/ Biashara : <input type="checkbox"/>
Employer:	Business Type/Name:
Employers Address :	Business Address/Location:
Gross Monthly Income:	Gross Monthly Income:
Payroll No. :	

SECTION C : OTHER SOURCES OF INCOME

Pension Income : Others (Please Specify): _____

SECTION D : REMITTANCES

Proposed Monthly Contributions: (Kes.) _____ Amount in Words _____

Proposed mode of remittances : Check Off Direct Debit MPESA Others (Specify) _____

SECTION E : INTRODUCED BY

Please specify on how you came to know/ learn about the Sacco:

Stima DT Sacco Staff <input type="checkbox"/>	Name:	Staff No.
Existing Member <input type="checkbox"/>	Name:	Member No.
Others (Please Specify):		

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SECTION F : NOMINEE/NEXT OF KIN DETAILS

I the undersigned, upon my demise whilst a member of the Society, hereby instruct the Society to pay all amounts due to me less any debts to the Society, to the person (s) named in this section. I understand that I may alter the name of nominated next of kin by filling a subsequent nominee card.

NAME	NATIONAL ID/ PASSPORT NO.	DOB	RELATIONSHIP	TELEPHONE NO.	PERCENTAGE (%) ASSIGNED

Please provide a guardian if the nominee (s) is/are below 18years

Name:	National ID:	Mobile No.
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SECTION G : E-CHANNELS ENROLLMENT

I hereby request to be enrolled for the selected services:

M-PAWA M-STIMA Internet Banking Saccolink VISA Card Stima Sacco Cheque Book

Name:	National ID:	Mobile No.
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Please note that M-PAWA and M-STIMA Mobile Number MUST match your Primary Mobile Number provided in section A.

For detailed terms and Conditions, visit <https://stima-sacco.com/download/approved-mpawa-t-c/>

SECTION H : SPECIMEN SIGNATURE AND DECLARATION

I _____ declare that all the particulars given by me are true. I confirm that I have read the terms and conditions governing the opening, operating and closure of membership and related e-channels of Stima DT Sacco Society Ltd and agree to be bound by them. I further unequivocally consent that my personal data, collected in connection with such terms and conditions, may from time to time be used and disclosed for such lawful purposes and to such persons as may be in accordance with the Stima Sacco's prevailing Privacy Policy, and the relevant laws, as amended from time to time. For detailed terms and Conditions, visit <https://stima-sacco.com/download/data-privacy-policy/>

NAME	<input type="text"/>	SIGNATURE	<input type="text"/>	DATE	<input type="text" value="D D M M Y Y Y Y"/>
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SECTION I : FOR OFFICIAL USE ONLY

KYC verification and member interview done by:

Name:	Staff Number:	Signature:
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The Application has been approved under the following membership category:

IMARA MERIDIAN BIASHARA NOVEL INVESTOR

Data Captured By:	Signature:	Date:
System Approval By:	Signature:	Date:
Assigned Member Number:		
Member's File Opened By:	Signature:	Date: