PIVOTAL WOMEN SACCO SOCIETY LIMITED

P.O. BOX 17334-20100, Nakuru
Email: pivotalwomensacco@gmail.com
Info@pivotalwomensacco.com
Website: http//pivotalwomensacco.com

AFFIX PASSPORT

GROUP MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE THIS FORM

GROUP DETAILS

WOMEN GROUP:_____DATE_____

PHYSICAL ADDRESS_____

POSTAL ADDRESS:_____TOWN:_____CODE:_____

GROUP EMAIL_____

Introduced by	M/Number	Sign	Date
_____	_____	_____	_____

GROUP BUSINESS DETAILS

Business Name_____

Nature of Business_____Approx. monthly income_____

Business Location_____

Date Business Started_____Trade Licence Number_____

Business PIN No._____VAT REG.NO._____

NB: IS THE GROUP IN ANY OTHER SACCO? YES ☐ NO ☐

IF YES, WHICH ONE?_____

OFFICE BEARERS/SIGNATORIES

NAME	ID/NO	PHONE	DESIGNATION	SIGN	DATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

AUTHORITY TO JOIN PIVOTAL WOMEN SACCO

WE wish to join Pivotal Women Sacco and undertake to comply, observe and be bound by the terms and conditions, also tariffs made by Pivotal Women Sacco including registration fee/share capital.

AUTHORITY FOR SACCO DEDUCTIONS

We wish to make monthly contribution of kshs_____

Amount in words_____

(Note minimum monthly – Kshs. 6,000) Share Capital kshs. 5,000 payable once

Effective date (dd/mm/yy)_____

Proposed mode of remittances:-

Check Off ☐ Standing Order ☐ Mpesa ☐

PAYMENT DETAILS: **LIPA NA MPESA**
PAYBILL NO. 400222
ACCOUNT NO. 8831792#MEMBERSHIP NO.

SIGNING INSTRUCTIONS: _____

DECLARATION

We confirm that the information given is true to the best of our knowledge. We agree to abide by the by-laws and any other approved amendments thereof of Pivotal Women Sacco.

SIGNED BY

……. **……..** **……..**

CHAIRPERSON **SECRETARY** **TREASURER**

FOR OFFICIAL USE ONLY

Customer information checklist:

- ☐ Valid identification documents obtained and authenticated
- ☐ Photograph captured/obtained.
- ☐ Customer contact information available

Applicant Forms & Documents

Form Received by……Sign……Date……

Form Approved by……Sign……Date……..

Date of Admission……..Membership Allocated……

Receiving Officer……..Signature……..Date:…….

ATTACH COPIES OF ID CARD FOR SIGNATORIES, TRADE LICENSE, INCORPORATION/REG. CERTIFICATE, JOINT SIGNATORIES PASSPORT PHOTO, LETTER OF INTRODUCTION, LIST OF MEMBERS, KRA PIN, MINUTES, NOMINEE CARDS

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GROUP LIST OF MEMBERS

GROUP NAME_____MEMBERSHIP NO_____

ADDRESS_____DATE OF CONFIRMATION_____

S/NO	*NAME*	*ID NO*	*MOBILE NO*	*SIGNATURE*

CONFIRMED

CHAIRPERSON_____ID/NO:_____ SIGN_____

SECRETARY_____ID/NO:_____ SIGN_____

TREASURER_____ID/NO:_____SIGN_____

DATE:_____

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GROUP NOMINEE CARD

Pursuant to the By-laws of Pivotal Women SACCO Society Ltd, I

Mrs/Miss ……ID.NO……

of……..Group, Membership No…… do hereby nominate my beneficiary/beneficiaries as follows to be the person(s) to receive monies standing to the credit of my deposits in the SACCO at my death less any debts owed by me to the SACCO.

	NAME	ID NO	NOMINEE CONTACT	RELATIONSHIP	%
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10					

SIGNATURE……DATE……