

**KICO SAVINGS & CREDIT
CO-OPERATIVE SOCIETY LIMITED**

MEMBERSHIP REGISTRATION FORM

Branch: _____

Date: _____

PERSONAL DETAILS

PLEASE COMPLETE IN BLOCK LETTERS

Full Name (Mr./Mrs./Ms./others:)

IDENTIFICATION INFORMATION

ID Type /Passport

ID NO. DATE OF ISSUE PLACE OF ISSUE EXPIRY DATE

Date: Member No.

Sex: Male Female Date of Birth

Marital Status: Single Married Divorced Other.....

Place of Birth Nationality PIN No.

Mobile No. P.O. Box County Location

Sub-location Nearest landmark..... Village/Estate..... Plot/Hse No.

Indicate the period you have been in the current residence years/months/days

Is it Owned Rented Leased

Spouse Name _____ Spouse Contact _____

REFEREE

Name Member Number Relation Type

I.D NO. Telephone No.

EMPLOYMENT / COMPANY DATA

(Tick appropriately)

Work Type: Salaried _____ Self Employment _____ Retired Others (please specify) _____

Name of Company _____

Company Location _____ Staff No. _____

Telephone: _____ Fax: _____

Profession / Designation: _____ Monthly Income: Ksh. _____

Company Type:

For Salaries Worker Only Government Local Company Multinational Company Others:.....
(Please specify)

NEXT OF KIN INFORMATION

NAME	I.D NUMBER	PHONE NUMBER	RELATIONSHIP	SUPPLEMENTARY INSTRUCTIONS

EMAILING ADDRESS

Email Address: _____

Personal Company Others (Please Specify): _____

DETAILS FOR JOINT / GROUP

1. Full Name (Mr. / Mrs. / Ms. / Others: _____)

Sex: Male Female Place of Birth _____ Date of Birth

Nationality: _____ Residence _____

ID Card / Passport _____ Date of Issue of ID/Passport _____

Marital Status Single Married Widowed Other _____ Next of Kin _____

Telephone No. _____ I.D. No: _____ Fax: _____

Email: _____

2. Full Name (Mr. / Mrs. / Ms. / Others: _____)

Sex: Male Female Place of Birth _____ Date of Birth

Nationality: _____ Residence _____

ID Card / Passport _____ Date of Issue of ID/Passport _____

Marital Status Single Married Widowed Other _____ Next of Kin _____

Telephone No: _____ I.D. No: _____ Fax: _____

Email: _____

3. Full Name (Mr. / Mrs. / Ms. / Others): _____

Sex: Male Female Place of Birth _____ Date of Birth

Nationality: _____ Residence _____

ID Card / Passport _____ Date of Issue of ID/Passport _____

Marital Status Single Married Widowed Other _____ Next of Kin _____

Telephone No: _____ I.D. No: _____ Fax: _____

Email: _____

4. Full Name (Mr. / Mrs. / Ms. / Others): _____

Sex: Male Female Place of Birth _____ Date of Birth

Nationality: _____ Residence _____

ID Card / Passport _____ Date of Issue of ID/Passport _____

Marital Status Single Married Widowed Other _____ Next of Kin _____

Telephone No: _____ I.D. No: _____ Fax: _____

Email: _____

BUSINESS DETAILS

NAME OF BUSINESS _____ REGISTRATION NO _____

LOCATION _____ TYPE OF BUSINESS _____

NEAREST LANDMARK _____

(C) **ACCOUNTS OPENING CHECK LIST**

The client must provide the following documents as appropriate: Tick if obtained

- Certified photocopy of an identification card
- one colored passport size photo.
- Certified copy of the income Tax PIN Certificate
- Birth Certificate (for minor next of kin only)
- Photocopy of an identification card (for next of kin)
- Constitution, Minutes, Group Certificate of Registration [Group Account]

- List of members (with their names, I.D. number, Telephone number and signature)
- M.O.A, AOA, Registration Certificate, KRA PIN Certificate [Company]
- List of Directors/partners for business (with their names, I.D. number, Telephone number and signature)
- CR12
- Signatory with the letter of authorization

DECLARATION

I/ We declare that all the particulars given by me/us are true. I / We have read the above conditions governing membership the opening, operating and closure of the account (s)with KICO Sacco and agree to be bound by them.

Signed this..... day of20.....

SPECIMEN SIGNATURES

Name: _____ Date: _____

Name: _____ Date: _____

Sign Sign

ID No. _____ ID No. _____

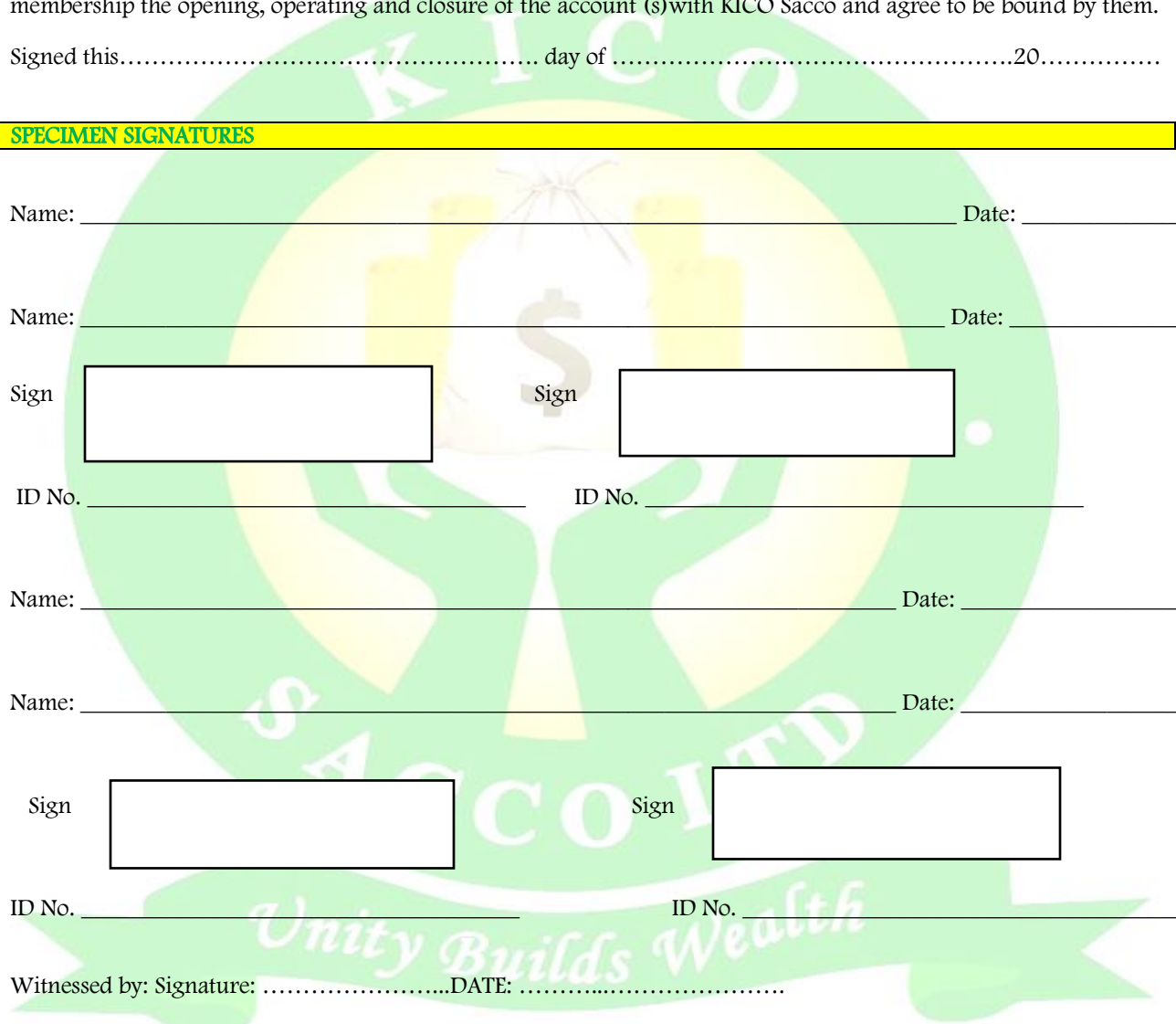
Name: _____ Date: _____

Name: _____ Date: _____

Sign Sign

ID No. _____ ID No. _____

Witnessed by: Signature:DATE:



FOR OFFICIAL USE ONLY

Initial Deposit: *Share:*

Registration fee:..... *Receipt No:*.....

Information checked by:

Signature: _____ *Date* _____

Name: _____

Information Approved by

Signature: _____ *Date* _____

Name: _____

