



KENGA MASSIVE SACCO SOCIETY LIMITED

"Together we prosper" REGISTERED OFFICE - KEGONGA TOWN
PO BOX 192-40413 KEHANCHA
Email: kengamassive@gmail.com

Tel: 254 774 219492

MEMBERSHIP APPLICATION FORM

MEMBER NO-

Instructions:

1. Please complete this form in full
2. Use **BLOCK LETTERS** only to complete the form
3. Return this form with:
 - (a) Photocopy of your National Identity Card or Passport
 - (b) Photocopy of your KRA PIN Certificate
 - (C) Two passport size photographs
 - (d) Kes. 2,500.00 being membership fee of Kes. 500.00 and a minimum of 100 shares at Kes. 20.00 Per share.

Attach passport
Photo
HERE

Name: Prof/Dr/Mr/Ms.....

(Surname)

(Other names)

D.O.B.....Sex.....Nationality.....

(dd/mm/yyyy)

National ID/Passport Number:..... KRA PIN NO:.....

Profession/Career.....

Contacts:

PO BoxCode & Town

Mobile Number:.....Email Address.....

NEXT OF KIN :

a) Name.....Relationship.....

ID Number:..... (*Compulsory*)

b) Address: P.O .BoxCodeTown

Mobile No:Email.....

Nominees for Deposits / Benefits in the event of Death

Name	ID No	Relationship	%	Date of Birth	Mobile/Tel. No

Mode of Payment:

a) Initial payment: M-PESA/Cheque/Bank Deposit (strike off as appropriate)
Minimum kes. 2,500

b) Subsequent payment shall be by: Direct bank deposit/cheque/Direct Debit/
Standing Order, paid: Monthly/Quarterly/Semi-Annually/Yearly. (Strike off as
appropriate)

I,ID No..... declare
that the following foregoing particulars are correct and undertake to abide by the by-
laws and rules of the Society.

SignatureDate

FOR OFFICIAL USE ONLY

Application for membership accepted/declined

Signed:.....

Secretary

Chairman

Deliver completed form at our office or send on email to: info@kengamassive.co.ke