P.O Box 187 - 050408,
Kamuriai
Tel: +254 (0) 792301953

PROSPERITY THROUGH SAVINGS

BUSIA INTERGRATED SACCO SOCIETY LTD

MEMBERSHIP JOINING FORM

Personal Information.

First Name:	**Middle Name:**		**Surname:**
Nationality:	**ID/Passport No:**	**Date of Birth**	**KRA PIN No:**

(Attach a copy of your Identity Document (ID/Passport) showing both sides)

Occupation

☐ **Employed**	☐ **Self- Employed**
Employer:	**Type of Business:**
Designation:	**Job Type:**
Employment/Pay roll No:	**Industry:**

Contact Details

Mobile No		**Residential Address**	
Email Address		**Postal Address**	

Next of kin nominees/Beneficiary details

No	Name(s)	Relationship to member	Allocation (%)	ID	Mobile Phone
1.					
2.					
3.					
4.					
5.					
6.					

Transaction Channels Activation

☐ **Activate FOSA (*SASA*) Account**	**FOSA Account No:**
☐ **Activate Transactions on Mobile**	**Preferred Mobile Transaction No (*Safaricom No. Only*):**
☐ **Process Sacco link Debit Card (ATM)**	
☐ **Process Salary through FOSA**	**Payroll Center:**

☐ I accept to comply with the Society's Terms of Use for the selected channels.

Deduction Advise/Instructions

☐ **Check-Off/Pay roll**	☐ **Standing Order**
Employer:	**Occupation:**
Entrance Fee (*Kshs. 1,000 one-off***):**	**Bank Name:**
Shares (*Min. of Kshs. 1,000*):	**Bank Account:**
Risk Management Fund (RMF) (*Min. of Kshs.300*):	**Bank Branch:**
Investment Savings(*Voluntary*):	**Frequency (***Monthly***)**
Commencement Date: _____/_____/_____	☐ **Deduct Until Further Notice**

Communication

I wish to be receiving communication from the Society via:

☐ **Mobile/Telephone No**		☐ **Email Address**	

☐ **None (***I don't want to receive any communication***)**

☐ I will furnish the Society with the necessary changes from time to time.

How Did you hear/learn about Busia Intergrated Sacco Society?

☐ **Member**	**Member Name:**	**Member No:**
☐ **Staff**	**Staff Name:**	**Staff No:**
☐ **Social Media**	**Social Media Account:**	☐ **Other:**

I wish to apply for membership in Busia Intergrated Sacco Society Limited and further pledge to abide by the By-laws/or any amendment/s thereof of the Society:

Attach Passport photo

Name: _____

Authorized Signature

Date: _____/_____/_____

Witnessed by: _____ **Signature:** _____

FOR OFFICIAL USE

The Application for membership is:

☐ **APPROVED BY**: _____ **On**: ___/_____/_____**Member No**: _____

☐ **DECLINED BY:**_____ **On**: ___/_____/_____

Reasons for Decline: _____