



RONGO CAPITAL SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

Your dream partner

P.O BOX 426-40404

Tel: 0726177938/0727744544

RONGO-KENYA

Email:rongoc2020@gmail.com

MEMBERSHIP APPLICATION FORM

APPLICANT'S DETAILS

Surname	Other Names	Gender
Date of Birth	Marital status	Occupation

CONTACT DETAILS

Postal Address	Town	Cellphone NO:
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PHYSICAL ADDRESS

Location	Street/Estate	House number
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IDENTIFICATION

ID NO:	Place of issue	KRA PIN
Passport NO:	Issue date:	Expiry Date:

NOMINEE

Nominee's Name.....	ID NO:.....
Relationship.....	
Phone NO:.....	P.O BOX.....

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Applicant Signature

REFEREE

I.....ID NO:.....

Confirm that the applicant is capable of operating an account independently as a member.

Referee's Signature.....Date.....

OFFICIAL USE ONLY

Membership Category

Business.....	Individual.....	Group.....	Other.....
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Member recruited by:.....Signature.....

Member Created by:.....Signature.....

Member Approved by.....Signature.....

MEMBER NO:.....A/C NO.....

MEMBERSHIP TERMS AND CONDITIONS

A group of person(s) eligible for membership of the Sacco may apply to be members by completing an application form for membership and may be admitted if they meet the following requirements:

- a) Is not less than eighteen years of age
- b) Is not directly among lender or carrying out such activities detrimental to the objectives of the Sacco
- c) Is of good character
- d) Has regular income from employment, business or trade
- e) Has paid entire fee and a minimum shares as prescribed in the membership policy.
- f) Has filled a nominee form (Next of kin).
- g) Has understood the objectives of the Sacco, has objectives as a member and other membership requirements as stated in the by-laws.

I have read, understood and undertaken to comply, observe and be bound by the terms and conditions and tariffs in force which may be amended from time to time.

Applicant Signature.....Date.....