FORM D (GROUPS)

PCEA COOPERATIVE SAVINGS AND CREDIT SOCIETY LTD NO. 4483
P O BOX 27573 NAIROBI, TEL. 6003608/6008848/0720403460

Pass port Photos

APPLICATION FOR MEMBERSHIP

A) **GROUP INFORMATION** (Attach a copy of Pin certificate)

Group Name.....Pin Number.....

Date of incorporation.....……

County: .....…..Sub-County.....

Group Address.....Tel Number.....

Email.....

Directors

1) ..... Tel No: .....Sign.....

2) .....Tel: No.....Sign.....

3) .....Tel No.....Sign.....

4) .....Tel No.....Sign.....

Bank Details: Account Number……..

1. Title of A/C…….

2. Bank……

3. Branch……..

Group Purpose.

i. Business ☐

ii. Self Help ☐

iii. Any Other (Please Specify).....

Account Signatories

Names:

1) .....ID NO.....

2) .....ID NO.....

3) .....ID NO.....

4) .....ID NO.....

MONTHLY CONTRIBUTION

Monthly contribution Kshs..... . in amount words. ..... (Minimum Kshs 3,000)

Mode of payment

Standing Order ☐ Pay bill ☐ Cheque ☐ Direct Banking ☐

Bank: Co-operative Bank of Kenya.
Branch: Langata Road
Our Account Number: 01120040130600
Pay bill No: 922200.

Applicants Declaration:

We Directors/Officials of .....Hereby declare the above particulars to be true to the best of our knowledge and believe and agree to comply, observe and abide by the society by-laws, AGM Resolution and co-operative society act. The same has been discussed and approved by the said organisation under minute No..... (***please attach the Minute extract***). We also agree to indemnify the society against any loss or claim arising out of the account being closed without notice because of unsatisfactory performance.

1. .....Signature.....Date.....

2. .....Signature.....Date.....

3. .....Signature.....Date.....

4. .....Signature.....Date.....

CERTIFICATE OF INTRODUCTION :(To be filled by the applications **Referee** who must be a Sacco member and an employee of P.C.E.A or its institution).
I do hereby confirm that I have known the above group for.....years and that the details they have given above and the address herein are correct.
I also confirm that the said organisation is reputable and worthy acceptable to the Sacco membership .I therefore recommend them unreservedly undertake to supply further information if need be.

Referees Name.....

Membership No.....

Address.....Telephone No.....

Referee Sign.....Email.....Mobile No.....

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Application approved by Management Committee

Date of Admission ……/……/ 20……Membership No. ……

Passbook No. ……. Date of Cessation ....…/……/ 20…...

REMARKS

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CHAIRMAN SECRETARY