

FORM B (PCEA INSTITUTION ONLY)

PCEA REGULATED Non-WDT SACCO SOCIETY LTD NO. 4483

P O BOX 27573 NAIROBI, TEL. 0720403460/079263308

EMAIL:pceasacoltd@gmail.com, pceasacoltd@yahoo.com



APPLICATION FOR MEMBERSHIP

REQUIREMENTS

- 1. Introduction letter from the relevant church court*
- 2. ID copies and passport photos for the officials*
- 3. Extract minutes of the meeting where the institution resolved to Join the Sacco*

NB: Registration fees Kshs 5000 paid once and for all

Share Capital Kshs 15000

Minimum monthly contribution Kshs 5000

A) PCEA INSTITUTIONAL INFORMATION (*Attach registration certificate/introduction letter from relevant court*)

Registration Name.....Pin No.....

Date of Registration:

Nature of Business:

County:Sub-County.....

Institution Address.....Tel Number.....

Email.....

Bank Details: Account Number.....

1. Title of A/C.....

2. Bank.....

3. Branch.....

Officials/Committee/Director Names

NAMES

1)ID NO.....

2)ID NO.....

3)ID NO.....

MONTHLY CONTRIBUTION

Monthly contribution Ksh.....in words.....

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MODE OF PAYMENT

Standing Order Pay bill Cheque Direct banking

Our Account Number: 01120040130600 Coop Bank, Langata Branch

Pay bill No: 922200.

Ac No: Institution name

Introduced By:.....**Contacts**.....

Applicants Declaration:

We the Directors/Officials of.....hereby declare that the above particulars are 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 (*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.....

(Official Stamp)

CERTIFICATE OF INTRODUCTION

I..... Being the presbytery clerk do and confirm that the matter was discussed and approved by the presbytery

.....Date.....Minute No.....

Witnessed by Moderator/Parish ministerFinance chair/Treasurer.....

Presbytery/Parish Name.....

Email Address.....

Presbytery clerk/Session clerk.....Address.....Mobile
No.....

FOR OFFICIAL USE ONLY

Application approved by Management Committee.

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

Date of Cessation /...../ 20....

REMARKS

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CHAIRMAN

SECRETARY