

**PCEA REGULATED NON-WDT SACCO SOCIETY LTD**

**CS/NO. 4483**

**P O BOX 27573-00506 NAIROBI,**

**TEL. 0720403460/0792633308**

EMAIL: [pceasacoltd@gmail.com](mailto:pceasacoltd@gmail.com), [pceasacoltd@yahoo.com](mailto:pceasacoltd@yahoo.com)

**NB: The applicant should attach his/her photocopy of the National Identity Card.**

**(Registration Fees Kshs 1,000/= once)**

**(Share capital Kshs 15,000/= minimum)**

**Minimum contribution shall be Kshs 1000 per Month)**

**APPLICATION FOR MEMBERSHIP**

The Chairman - PCEA Regulated Non-WDT SACCO SOCIETY limited

Dear Sir,

NAME.....

DATE OF BIRTH: ..... PAYROLL NO.....

MARITAL STATUS..... MEMBER NO .....

DESIGNATION ..... I.D NO.....

WORK STATION..... GENDER .....

ADDRESS..... PIN NO .....

EMAIL..... RELIGION .....

PHYSICAL ADDRESS ..... SHARE CERTIFICATE NO .....

**Terms of Employment. (If applicable) BUSINESS**

- |              |                          |             |
|--------------|--------------------------|-------------|
| i. Permanent | <input type="checkbox"/> | i. Own      |
| ii. Contract | <input type="checkbox"/> | ii. Joint   |
| iii. Casual  | <input type="checkbox"/> | iii. Family |

SIGNATURE OF APPLICANT .....

TELEPHONE NO ..... DATE.....

INTRODUCED BY: .....

TELEPHONE NO .....

EMAIL ADDRESS .....

**BANK INFORMATION**

1. TITLE OF ACCOUNT .....

2. ACCOUNT NUMBER .....

3. BANK .....

4. BRANCH .....

I hereby apply for membership and agree to confirm to the by-law's regulations and amendments thereof:

**1.CHURCH EMPLOYEE**

**AUTHORITY TO MAKE DEDUCTION FROM MY SALARY**

a) I hereby authorize you deduct Kshs. ....monthly from my salary or any other financial benefits due to me and pay to the PCEA REG. NON WDT SACCO SOCIETY LTD. With effect from the month of..... 20 ..... being my share savings with the Society until further notice in writing.

b) Please deduct Ksh .....as entrance fee once and for all.

(c) Employer's signature ..... Date .....

PAYROLL NO ..... Endorsed by ..... and stamped

**STAMP**

**2.PCEA NON-EMPLOYEE**

**MONTHLY CONTRIBUTION**

My Monthly contribution will be Kshs .....

- i. Standing Order
- ii. Direct Banking
- iii. Paybill

**Applicants Declaration:**

I..... hereby declare that the above particulars are true to the best of My knowledge and believe and agree to comply, observe and abide by the society by-laws, AGM Resolution and co-operative society act.

Signature.....Date.....

**CERTIFICATE OF INTRODUCTION:** (To be filled by the applicant **Referee** who must be a member. (Not spouse).

I do hereby confirm that I have known the above applicant for \_\_\_\_\_ years and that the details he/she has given above and the address herein are correct. I Also confirm that I consider him/her as respectable and trustworthy to be accepted into Sacco membership and undertake to produce him/her in person if need be.

Referee/s Name.....

Membership No.....

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

Sign.....Date.....

**FOR OFFICIAL USE ONLY**

Application approved by Management Committee.

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

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

REMARKS

.....

.....  
CHAIRMAN

.....  
SECRETARY

DATE.....

**BANK DETAILS**

**ACCOUNT NAME: PCEA SACCO LTD**

**Cooperative bank K ltd.**

**Langata rd Branch.**

**Account Number: 01120040130600**

**Swift code: KCOOKENA**

LIPA NA MPESA

**Pay bill No: 922200.**

OR

**Pay bill No. 400200**

**Acc. No: Member's ID No**

**Acc. No. 40020536**

**PCEA REGULATED NON-WDT SACCO SOCIETY  
LIMITED**

P.O BOX 27573-00506 NAIROBI

**CONFIDENTIAL.**

**NOMINEE FORM.**

I ..... being a member of  
PCEA REG. NON WDT SACCO SOCIETY LTD.

Member No..... Postal Address .....

County..... Sub-County.....

Location.....

**Do appoint**

NAME	RELATIONSHIP	ID NO	TELEPHONE	%

To be the NOMINEE/NOMINEES for the purposes of my membership in the society as provided under By-Law 10.

I understand that no other person may come to claim to be administrator of all or any of my interests in the society after this appointment. This authority is **irrevocable** by any other person except by me if I alter the nominee hereof in writing and signed under my hand as under.

Signed.....Member. Date.....

This statement is made in the presence of the undersigned:

(1) Signature.....M/NO..... Date.....

(2) Signature..... M/NO.....Date.....