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APPLICATION FOR MEMBERSHIP

(Tick Appropriately)

STATUS: NEW MEMBER REJOINING

ACCOUNT TYPE: SHARIA COMPLIANT (FOR MUSLIMS) NORMAL ACCOUNT

(SHARIA COMPLIANT ACCOUNTS EARN ZERO DIVIDENDS AND ZERO INTEREST ON DEPOSITS)

1. APPLICANTS PERSONAL DETAILS (BLOCK LETTERS)

Name in full (as it appears on the ID Card): Male Female

Service Number: National ID No: Date of Birth:

Present Address: Home Address:

Service/Fmn/Unit: KRA PIN No.....

Mobile Number: Email Address:

2. NOMINEE (S)

S/No	Full Names	Relationship to Member	Allocation (%)	ID No	Contacts

3. DECLARATION

I hereby make application for Membership of the society and agree to abide by the By -laws and /or any other amendments thereof in the Defence Sacco. I willingly grant consent to DESACCO to verify, use, share and/or disclose the information given in accordance with the Society’s By-laws and the Laws of Kenya. I authorize you to deduct from my salary KShs

(in Words(in Figures)
 (minimum contribution is **KShs3,500.00** per month) for Deposit every month, **KShs300.00** monthly for the **sink fund, KShs1000.00** per month as **account maintenance fee (FOR SHARIA ACCOUNTS ONLY)** and **joining fee of KShs500.00** paid only once with effect from: until further notice.

Sign: Date:

Witness’ Name: Svc No: Mobile:

Address: Signature: Date:

4. MEMBERSHIP QUALIFICATION

A person may become a member of a society if he/she fulfils the following qualification:

- a) Is within the field of membership as prescribed in these By-laws;
- b) Has attained age of majority as prescribed under the relevant laws;
- c) Is not directly, a money lender or carrying out such activities detrimental to the objectives of the society;
- d) Is of sound mind; and
- e) Deposits a minimum share capital of KShs 20,000.00

5. MEMBERSHIP APPLICATION CHECKLIST

- Copy of Svc ID Card
- Two passport size Photographs (colored)
- Copy of Current Payslip

NB: Nominee” Shall mean a person or entity that is requested or named to act for a Member for the purpose of being paid the value of the deceased member’s deposits, interest, dividend and payments from Risk management or any approved insuring programme.

6. FOR OFFICIAL USE ONLY

We have checked and confirmed that all the information given above is correct:
Received by
 Svc No: Rank: Name:
 Designation: Signature: Date:

Admin Officer
 Date of Admission: Membership Number Allocated:
 Svc No: Rank: Name:
 Designation: Signature: Date:

Approving Officer
 Svc No: Rank: Name:
 Designation: Signature: Date: