



# NairobiConsumers REGULATED NON WDT SACCO SOCIETY LTD

CS/5201

P.O. Box 36- 00300 NAIROBI, TEL:+254 728 238 744,+254 789 698 366

Web: [www.ncrsacco.co.ke](http://www.ncrsacco.co.ke)

Email: [info@ncrsacco.co.ke/nairobiconsumers@gmail.com](mailto:info@ncrsacco.co.ke/nairobiconsumers@gmail.com)

## ACTIVATION FORM OF MEMBERSHIP

I hereby make application for membership and agree to the society's by-laws and any amendments hereof. Authority to make deduction of shares as enclosed.

(Naomba kuwa mwanachama Na nimekubali kufuata masharti yote ya ushirika.

Naruhusu kukatwa akiba ya hisa)

Name in full.....

County.....

Location.....

Sub Location..... Residence.....

Postal Address..... Code.....

KRA PIN.....

Employer/Self Employed.....

Employer address.....

Name of organization/group.....

Marital Status (Married/Single/Widow/Widower)

Mobile No.....

ID/No..... Email.....

Bank Name.....Bank Branch.....

Bank Account Number.....

Are you a member of another Sacco (if yes kindly state which one).....

I wish to contribute **Kshs** .....as deposits with effect from .....

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the by -laws' of the society the Co-operatives Act, rules and the loan policy and any variations that may be made from time to time.

**Signature**..... **Date**.....

ATTACH  
PASSPORT  
  
SIZE PHOTO  
HERE

**RECOMMENDED BY:**

Name.....

Mobile No..... M/No.....

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

**NOMINATION/NEXT OF KIN FORM:**

I.....

**ID/No..... M/No.....**

Do Hereby Nominate the Following Nominee(S) To Inherit My Funeral Fund, Final Dues and Any Other

Interest in Nairobi Consumers Regulated Non WDT Sacco Society Ltd in the following manner

No	Name Of Nominee (s)	R/Ship	I.D. No.	Mobile No.	Date of Birth	Final Dues %
1.						
2.						
3.						

**Given under my hand this Date.....Signature.....**

**Witnessed by:**

Name..... I/D No.....

Mobile No..... Signature.....

**FOR OFFICIAL USE ONLY:**

Membership Fee **Kshs. 1,200/=** (NB: ALL PAYMENTS TO BE MADE TO OUR MPESA PAYBILL NO. 801001)

Paid On..... Receipt No.....

Date of Admission ..... Membership No.....

**MEMBER DETAILS VERIFIED AND CAPTURED BY:**

Name .....

Date.....

Designation.....Signature.....