



KAG REGULATED NWDT SACCO SOCIETY LTD

P.O. BOX 67014-00200, NAIROBI. Tel. 0715 680302 /0719 097000/ 0731 402784.

Email: info@kagsacco.co.ke

APPLICATION FOR MEMBERSHIP (BY-LAW NO. 6) (STRICTLY CONFIDENTIAL)

PASSPORT
PHOTO

I hereby make an application for membership of your society and agree to abide by the by-laws and /or any amendments thereof, in the KAG Sacco Society Limited. I also agree to abide by the rules of the KAG Constitution.

A. PERSONAL INFORMATION:

Full Names: _____	
National ID No. _____	Date of Birth: _____
KRA PIN Number _____	Occupation: _____
Mobile Tel. No. _____	WhatsApp Line: _____
Email Address: _____	Postal Address: _____

B. CHURCH DETAILS:

Name of Your Local Church _____	
Section _____	District _____
Name of Your Pastor _____ Pastor's Tel. Contact _____	

C. RELATIVES' DETAILS:

Name of Next of Kin _____	Mobile Tel. _____
His/her Relationship _____	

Declaration:

I agree to abide by the By-Laws of KAG Sacco as well as the Rules of KAG Constitution. I pledge to contribute Kes. _____ as my monthly deposits.	
Applicant's Signature: _____	Date: _____

Name of the Witness: _____	Witness Signature: _____
*Witness must be a pastor.	

OPTIONAL: Bank Details

Bank Name _____	Branch _____	Account No _____
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(Requirements: 1. Copy of National ID. 2. Copy of KRA PIN Certificate. 3. One current colored passport-size photo 4. Registration Fee Ksh. 500/= 5. Minimum Deposit Ksh. 1000/=)

FOR OFFICIAL USE ONLY

Date of Admission _____	Allocated Membership No. _____
Entrance Fee Paid Kes. _____	Receipt No. _____
Approved by Management Committee on: _____	
Chairman/Secretary's Signature: _____	