



MEMBERSHIP APPLICATION FORM

P.O.BOX 511-60202, NKUBU TEL:0111038000/0724114444 EMAIL: info@yetusacco.co.ke
WEBSITE; www.yetusacco.co.ke

Do you have the ability to read and write? ☐ Yes ☐ No

Do you Have any Disability ☐ Yes ☐ No

If Yes Specify :.....

Branch:

A/C No:

SECTION A: MEMBERSHIP TYPE

INDIVIDUAL ☐ JOINT ☐ GROUP ☐ CORPORATE/INSTITUTION ☐

SECTION B: ACCOUNT TYPE

HAZINA ☐ KILIMO ☐ MAVUNO ☐ BAKISHA ☐ BIASHARA ☐ CORPORATE ☐ NHIF ☐
MAPATO ☐ AKIBA ☐ FAIDA ☐ DIGITAL ☐ YETU JUNIOR ☐ STAFF ☐

SECTION C: APPLICANT'S BIO-DATA

Surname..... First Name:..... Middle Name:.....

ID/Passport/Military ID;..... Gender:..... Marital Status:..... Date of Birth.....

Country of Residence:..... County..... Town/City.....

Residence Area:..... KRA Pin;..... Nearest Landmark:.....

SECTION D: FOR YETU JUNIOR ACCOUNT

Child Surname:..... First Name:..... Middle Name:.....

Gender:..... Date of Birth..... Birth Certificate No:..... Age;.....

SECTION E: CORPORATE/ INSTITUTION / GROUP/ JOINT

Account Name:.....

Registration No:..... K.R.A Pin:.....

1st Signatory

2nd Signatory

3rd Signatory

Name:

ID No:

Phone No:

Designation:.....

Signature :

☐ Any One

☐ Any Two

☐ All Three

Signing Orders ☐ 1st Signatory

☐ 2nd Signatory

☐ 3rd Signatory

SECTION F: CONTACT INFORMATION

Postal Address:..... Code:..... Town/City:.....

Tel.:..... Alternative Tel.:.....

Email Address:.....

SECTION G: OCCUPATION DETAILS

Employer:..... Business-type/Name:.....
Designation:..... Business Address/Location:.....
Employment Terms:.....
Employers Physical Address:.....

SECTION H: OTHER SOURCES OF INCOME

Pension ☐ Business ☐ Farming ☐ Tea ☐ Dairy ☐ Coffee ☐
Salaried ☐ Others (Specify).....

SECTION I: NEXT OF KIN DETAILS

Name : Relation:.....
ID:.....Phone No:.....

SECTION J: SINKFUND NOMINEE DETAILS

Name:..... ID Number:.....

SECTION K: MONTHLY STANDING ORDER FROM FOSA

Share Capital ☐ Amount:..... ☐ Member Deposit Amount:.....

SECTION L: E-CHANNELS ENROLLMENT

Having read the **TERMS AND CONDITIONS** as outlined on **www.yetusacco.co.ke** I hereby request to be enrolled for:

Mobile Banking ☐ Visa Card ☐ Sacco Cheque Book ☐

Please note that for **MOBILE BANKING**, mobile Number Must match your primary number provided in Section F

M-Banking No: Business No 1:..... Business No 2:.....

SECTION M: SPECIMEN SIGNATURE AND DECLARATION

I/We.....declare that all the particulars given by Me/us are true.
I/We confirm that the terms have been explained to Me/Us in a language that I/We understand. In relation to the Terms & Conditions governing the opening,operation and closure of membership, I/We confirm that I/We have read and understood the Terms & Condition. I/We further Unequivocally consent that My/Our personal data, collected in connection with such terms & conditions, may from time to time be used and disclosed for such lawful purposes and to such persons as may be in accordance with the Sacco’s Prevailing Privacy Policy, and the relevant laws, as amended from time to time.
Signature(s) 1st:..... 2nd:..... 3rd:..... Date:.....

SECTION N: HOW DID YOU KNOW ABOUT THE SACCO

☐Magazine ☐Newspaper ☐ Activation ☐SocialMedia ☐ Refferal ☐ Radio☐TV☐Events

SECTION O: FOR OFFICIAL USE ONLY

Introduced By Name:..... Staff No:..... Siganature :.....Date:.....
Captured by Name:..... Siganature :.....Date:.....
Approved by Name:..... Siganature :.....Date:.....
Certified by Name:..... Siganature :.....Date:.....