

Jamii Bora Bank Towers,
Argwings Kodhek Rd, Kilimani,
P.O Box 22741-00400, Nairobi
Tel: 0709 881 348 | 0709 881 091
E-mail: info@jamborasacco.co.ke



Membership No.

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JAMBORA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD

GROUP MEMBERSHIP APPLICATION FORM

(Please print in **CAPITAL LETTERS** with ink.)

A. GROUP DATA

Group Name: Group Registration Number:

Group date of registration: Group KRA PIN No:

Type of Organization (e.g. Club, partnership, company):

Introducer Member Name:

Details of Group Members:

Name: ID no:

Employer Name: Mobile No:

E-mail Address: Physical Address:

Next of Kin: Signature:

Name: ID no:

Employer Name: Mobile No:

E-mail Address: Physical Address:

Next of Kin: Signature:

Name: ID no:

Employer Name: Mobile No:

E-mail Address: Physical Address:

Next of Kin: Signature:

Name:	<input type="text"/>	ID no:	<input type="text"/>
Employer Name:	<input type="text"/>	Mobile No:	<input type="text"/>
E-mail Address:	<input type="text"/>	Physical Address:	<input type="text"/>
Next of Kin:	<input type="text"/>	Signature:	<input type="text"/>

Name:	<input type="text"/>	ID no:	<input type="text"/>
Employer Name:	<input type="text"/>	Mobile No:	<input type="text"/>
E-mail Address:	<input type="text"/>	Physical Address:	<input type="text"/>
Next of Kin:	<input type="text"/>	Signature:	<input type="text"/>

Name:	<input type="text"/>	ID no:	<input type="text"/>
Employer Name:	<input type="text"/>	Mobile No:	<input type="text"/>
E-mail Address:	<input type="text"/>	Physical Address:	<input type="text"/>
Next of Kin:	<input type="text"/>	Signature:	<input type="text"/>

Name:	<input type="text"/>	ID no:	<input type="text"/>
Employer Name:	<input type="text"/>	Mobile No:	<input type="text"/>
E-mail Address:	<input type="text"/>	Physical Address:	<input type="text"/>
Next of Kin:	<input type="text"/>	Signature:	<input type="text"/>

Name:	<input type="text"/>	ID no:	<input type="text"/>
Employer Name:	<input type="text"/>	Mobile No:	<input type="text"/>
E-mail Address:	<input type="text"/>	Physical Address:	<input type="text"/>
Next of Kin:	<input type="text"/>	Signature:	<input type="text"/>

Name:	<input type="text"/>	ID no:	<input type="text"/>
Employer Name:	<input type="text"/>	Mobile No:	<input type="text"/>
E-mail Address:	<input type="text"/>	Physical Address:	<input type="text"/>
Next of Kin:	<input type="text"/>	Signature:	<input type="text"/>

Name:	<input type="text"/>	ID no:	<input type="text"/>
Employer Name:	<input type="text"/>	Mobile No:	<input type="text"/>
E-mail Address:	<input type="text"/>	Physical Address:	<input type="text"/>
Next of Kin:	<input type="text"/>	Signature:	<input type="text"/>

**For additional members, attach a separate list indicating the member details*

Signing Mandate:

Group Bank Details:

Name of the Bank: Branch:

Account Name: Account No:

B. DECLARATION

We, the Group members of _____ understand that this account shall be operated solely at the discretion of Jambora Sacco Society and hereby agree to indemnify the Sacco against any loss or claim arising out of the account being closed by the Sacco without notice due to unsatisfactory performance. The account shall be opened and operated subject to any directions that may be issued to the society by its statutory regulators from time to time.

C. AUTHORISATION TO REMIT CONTRIBUTIONS TO THE SACCO

We, as Group members, do hereby authorize the following amount Kshs. _____ (amount in figures)
_____ (amount in words)

to be remitted to the society every month, with effect from: _____ (date – dd/mm/yyyy)

Mode of remittance:

Applicant Signatures:

D. FOR OFFICIAL USE ONLY

Date form is received and recorded by the co-operative: ____/____/____ (dd/mm/yy)

Form is complete:

- The form is correctly filled
- All the information provided is correct
- All the documents and fees have been received

Signed for and on behalf of Jambora SACCO and Credit Society Limited:

Name:

Signature:

Designation:

Date:

Membership Number: