

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.

JAMBORA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD (CONFIDENTIAL)

JOINT MEMBERSHIP APPLICATION FORM

1. INSTRUCTIONS

Kindly attach the following mandatory documents:

- i. One copy of your ID/Passport
- ii. One recent passport size photo (Write your name, ID number and signature at the back)

Member 1 Details

Full names: Phone no:

Identification/passport no: Date of birth:

KRA Pin: Street Address City

Postal / Zip code Country State/Province/Region

Email Address

Member 2 Details

Full names: Phone:

Email: KRA Pin:

Choose Source of Fund

- Saving
 Income from Investment

- Business Income
 Shareholder Contribution

Borrowing

Next of Kin Details

(To be contacted in case of emergency)

Name in full: Date of Birth:
(Block letters)

Relationship: Mobile Tel No: ID No:

Current Address: Code Town

Email Address

Beneficiary (Person(s) designated to receive funds/benefits in the unfortunate event of loss of life)

No.	Name	Relationship	% Allocation	ID No.	Tel Contact

In making this membership application, I do hereby agree to conform to the society's By-laws and any amendments thereof.

Signature of Applicant: Date:

Witnessed by,

Name: Signature Date

Member Introduced by: Member No:

For Official Use Only

Date of Admission: Date of Cessation:

Approved by Board Minute No: Membership No:

Signed: Chairperson/Secretary