



Eagle's Eye SACCO LTD

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SUPER CHRISTMAS MEMBERSHIP APPLICATION FORM

Name of the applicant.....
Institution/Project.....Designation.....
Address.....Mobile no.....
E-mail.....ID NO.....
Monthly deposits Ksh.....Effective date.....

Rules of qualification

1. One should be a registered and active member of the Sacco.
2. Minimum monthly deposit of Kshs 500 will be required.
3. All deductions should be remitted to the Sacco by the employer through check off system.
4. Withdrawals must be done by 15th Dec. every year(current year of Saving)
5. Failure to withdraw your savings, it will automatically be transferred to your normal deposits accounts
6. Savings will earn Interest

Declaration

I.....have read and understood the contents of this application form and have agreed to adhere to them.

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

Employer

I hereby certify that the above applicant is an employee of..... and I have agreed with the policy 3 stated in this form.

Name.....Designation.....

Signature.....Date.....Rubber stamp.....

For official use only

Application received by.....Date.....

Approved Not Approved

Signature; Chairman.....

Secretary.....

Treasurer.....