



Eagle's Eye SACCO LTD

P.O Box 3809 - 01002, THIKA
Cell: 0715 172 227
Email: eagleseyesacco@yahoo.com

CORPORATE MEMBERSHIP APPLICATION FORM

Name of the Institution/Church..... Certificate of Reg.....(Attach Copy).
Address..... Office/Mobile no.....
Physical address..... Email Address.....
Monthly deposits Ksh..... Effective Dates.....
Introduced by Member no: Mobile no:

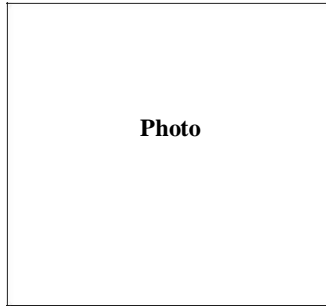
Rules of qualification

1. Must present a certified copy of certificate of registration.
2. Must fill corporate membership application form and Trustee nomination form if the membership application is approved.
3. Must present a letter of introduction from the relevant body where necessary.
4. Churches under an umbrella body shall be required to produce a letter of authority from the umbrella organization.
5. The institution must be willing to enter into an MOU with the Sacco
6. A certified copy of constitution and by laws
7. Copy of minutes authorizing the entity to join Eagles Eye Sacco
8. Certified ID copies and passports of authorized officials.
9. Certified bank statements for the last six (6) months.
10. Membership registration fee of Kshs 3000 (non refundable) which shall accompany this application form
11. One must pay share contribution of 200 shares of kshs 20 each i.e. Ksh 4,000 which shall accompany this membership form.
12. All deductions to the SACCO should be remitted to the bank and deposit slip brought to the office by the authorized officials.
13. Minimum monthly deposits of Ksh 3,200 for Category A or Ksh 5,200 for Category B will be required from the institution after the membership form approval.
14. In case of withdrawal, a withdrawal letter should be submitted and the minutes passing the resolution. Terms and conditions of withdrawal apply.
15. Any Corporate withdrawing from the SACCO and would like to re enter must complete 2 months from the day of withdrawing and shall pay re-entry fee of Ksh 6,000.

Declaration

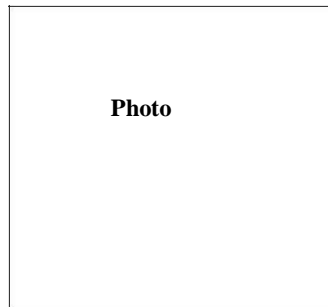
We (Name of the organization/Church).....have read and understood the contents of this application form and have agreed to adhere to them.

Authorized Signatories



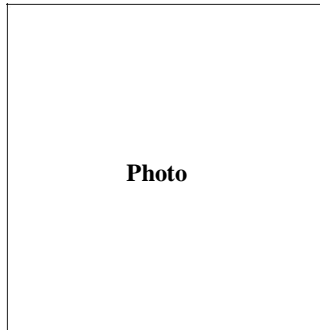
1. Names ID.....

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



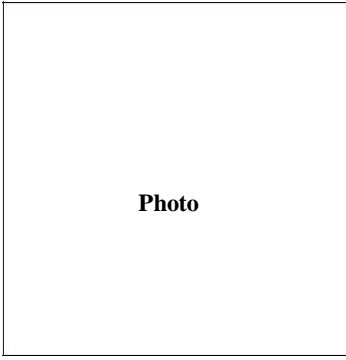
2. Names ID.....

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



3. Names ID.....

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



4. Names ID.....

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

RECOMMENDATION BY EITHER BISHOP/OVERSEER/DIRECTOR

I hereby certify that the above listed signatories are duly authorized to commit and act on behalf of the institution/church.

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

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

For official use only

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

Approved/Not approved.....Membership No.....

If not approved, give reasons.....

Signature:

Chairman: Secretary: Treasurer:

