



# Eagle's Eye SACCO LTD

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**AFFIX  
PHOTO  
HERE**

## PRIVATE MEMBERSHIP APPLICATION FORM

Name of the applicant: ..... ID no: ..... (Attach Copy)

Postal Address: ..... Mobile no (S): ..... Residence: .....

Pin (K.R.A) ..... Occupation: ..... Email: .....

Monthly deposits in (Ksh)..... Effective Date.....

Introduced By..... Member no..... Mobile no.....

### Rules for qualification

1. One must be 18 years old and above, of sound mind, of reputable character and ready to adhere to Eagles Eye society's by laws, regulations and code of conduct.
2. Must fill membership application form and next of kin nomination form if the membership application is approved.
3. One must pay a non refundable membership fee of Kshs 1,500 which shall accompany this membership application form.
4. One must pay share contribution of 200 shares of kshs 20 each i.e. Ksh 4,000 which shall accompany this membership form.
5. Minimum monthly deposits of Ksh 1,100 will be required from every member after the membership form approval
6. Any monies remitted by an applicant or a member to the Sacco MUST be directly deposited into Eagles Eye Sacco bank accounts or paid directly through pay bill. No cash is accepted whatsoever.
7. In case of withdrawal a letter of withdrawal is written to the management, a notice of 60 days applies. All loans must be cleared prior to withdrawal. A withdrawn member shall pay re-entry fee of Ksh 2,000 to rejoin

### Declaration

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

Signature: ..... Date: .....

### Recommendation

*(By either a registered active member of Eagles Eye Sacco, Member of Clergy from recognized church, Lawyer or Chief)*

I ..... declare that I know this applicant to be of sound mind and of reputable character. Allow this applicant to join your Sacco.

Signature or Stamp: ..... Date: .....

### For official use only

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

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

If not approved, give reasons.....

Signature:

Chairman: ..... Secretary: ..... Treasurer: .....