



EAGLE'S EYE SACCO LIMITED
PO BOX 3809-01002 THIKA.
TEL 0715172227 E.MAIL:eagleseyesacco@yahoo.com



GROUP MEMBERSHIP APPLICATION FORM

Name of the applicant.....ID NO(Attach Copy)

Group Name.....Group Member No.....

Address.....Mobile no.....

Home address.....email Address.....

Monthly deposits Ksh.....Effective date.....

Rules of qualification

1. One should be a registered member in the group with the Eagle's Eye Sacco Ltd
2. One must pay membership fee of Kshs 1500 which shall accompany this membership form.
3. One must pay share contribution (50 shares of kshs 20 each) of Ksh 1,000 which shall accompany this membership form.
4. All deductions to the SACCO should be remitted to the bank by the individual member and the deposit slip be brought to Eagle's Eye Sacco office by the group secretary/Leader.
5. Minimum monthly deposits of Ksh 1000 and Insurance fee of Kshs 100 will be required from every member after the membership form approval
6. Any member withdrawing from the group shall be required to submit a withdrawal letter duly signed by the cell group leaders. The law on withdrawal shall apply
7. A member who had withdrawn from the Sacco and wishes to rejoin shall pay a re – entry fee of Kshs1,000

Declaration

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

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

Introduced By.....Membership No.....Date.....Sign.....

Group Leaders

We hereby certify that the above applicant is a member of (Group Name).....

And we have agreed with the rule no. 4 stated in this form.

Name.....Chairman.....Signature.....

Name.....Secretary.....Signature.....

For official use only

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

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

If not approved give reasons.....

Signature; Chairman.....Date.....Sign.....

Secretary.....Date.....Sign.....

Treasurer.....Date.....Sign.....