



# EAGLES EYE NWD T SACCO SOCIETY LTD

HEAD OFFICE MAKONGENI- THIKA

P.O BOX 3809 THIKA,

TEL: 0796340340, 0758527400

EMAIL: [info@eagleseyesacco.com](mailto:info@eagleseyesacco.com)

Website: [www.eagleseyesacco.com](http://www.eagleseyesacco.com)

## CORPORATE/GROUP MEMBER APPLICATION FORM

ES:

Application number

Membership Number

*Fill in your details in capital letters and attach the following Group documents:*

Copy of certificate of registration& Constitution  Copy of KRA PIN  Minutes

Trustees/Signatories passport photo, ID/KRA Pin copies  Membership application fee: 3000

(not in cash)  Initial shares 4000(full shares 52000). Bank account details and statement

### 1. CORPORATE /GROUP DETAILS:

Name

Date of incorporation/registration

Registration certificate number  KRA PIN NO

Type of organization: Business  Church  Partnership  Company

Other

Name of business  Source of Funds

Number of registered members/share-holders/partners

### 2. LOCATION DETAILS:

County  Sub county

Town  Estate

Landmark

Office location  Telephone number

Email

Contact person/s:name  Contact

Name  Contact

### 3. ORGANIZATION DETAILS

Who are the group representative/s?

No	Directors/officials name	ID/Passport No.	Occupation	Position held

### TRUSTEES' DETAILS

Directing on who would receive the contributions in case the group withdraws from the Sacco.

No	Nominated trustees' name	ID/Passport No.	Phone number	% acquisition

### SIGNATORIES DETAILS

Directions on persons authorized to transact on behalf of the group.

No	Authorized Signatory's name	ID/Card No.	Position held	Specimen Signature

Directions on how to sign\_\_\_\_\_

### 4. CONTRIBUTION DETAILS

Initial share capital, minimum 4000, full share capital 52000\_\_\_\_\_

Proposed monthly contribution (minimum 3200/5200)- 200 being insurance

Amount in words\_\_\_\_\_

Registration effective date\_\_\_\_\_

Mode of contribution Direct deposits\_\_\_\_\_Banks Standing order\_\_\_\_\_Paybill/Mpesa\_\_\_\_\_

### 5. BANK DETAILS

Bank name\_\_\_\_\_

Branch\_\_\_\_\_Account Number\_\_\_\_\_

## 6. DECLARATION

We declare that the information given above is true to the best of our knowledge. We request you to create an account in our name's provided. We have read and agree to abide by the laws of this society as well as the terms of this application.

NO	OFFICIAL'S NAME	ID NUMBER	SIGNATURE	DATE

## 7. RECOMMENDATION (where applicable)

Name:\_\_\_\_\_Signature:\_\_\_\_\_Date:\_\_\_\_\_

Remarks\_\_\_\_\_

8. Introduced by: Name\_\_\_\_\_Membership no.\_\_\_\_\_Contacts\_\_\_\_\_

## 9. OFFICE USE ONLY

Application received by\_\_\_\_\_Signature\_\_\_\_\_Date\_\_\_\_\_

Application: Approved\_\_\_\_\_Not approved\_\_\_\_\_

If not approved, give reasons\_\_\_\_\_

Date account is created\_\_\_\_\_Signature\_\_\_\_\_

CEO Remarks\_\_\_\_\_

Date\_\_\_\_\_signature\_\_\_\_\_

Official stamp: