



EAGLE'S EYE NWDT SACCO SOCIETY LTD

HEAD OFFICE THIKA MAKONGENI, P.O. BOX 3809-01002 THIKA.

TEL. 0796340340, 0758527400

Email: info@eagleseyesacco.com Website: www.eagleseyesacco.com

PRIVATE MEMBER APPLICATION FORM

Fill in Block Letters and attach the following documents;

Application No:

- Copy of National ID/Passport,
- Next of Kin ID copy/Birth Certificate (Minor)
- KRA Pin

Membership No:

1. APPLICANT'S PERSONAL DETAILS:

Full names: _____ Gender: Male _____ Female _____

Marital Status: Single _____ Married _____ Other(specify) _____

Contact: Phone number/s _____ Email _____

ID No. _____ Nationality: _____ P.O Box _____

Residence: County _____ Town _____ Estate _____

2. How did you learn about our Sacco: Referral _____ Online _____ Other(specify) _____

3. SOURCE OF INCOME: Salary _____ Business _____ Pension _____ Others(specify) _____

4. EMPLOYMENT DETAILS

Employer _____ Date of employment _____

Employer's address _____

Position in Employment _____ Payroll/staff number _____

Workplace/employment location _____

5. BUSINESS DETAILS

Business name _____ Contacts _____

Business location: Sub County _____ town _____ Estate _____

Business type/sector _____

6. BANK DETAILS

Bank name _____ Branch _____

Account number _____

7. MONTHLY CONTRIBUTION: Proposed monthly contribution _____ Effective date _____

Amount in words _____

Mode of contribution: checkoff _____ Direct deposit _____ Standing order _____ Paybill/Mpesa _____

8. NEXT OF KIN DETAILS (Beneficiary i.e. in the event of death)

NO.	NOMINEE'S FULL NAMES	RELATIONSHIP	ID NO.(Indicate if a minor)	TELEPHONE NO.	% ALLOCATION

9. REFERENCE PERSON

Name _____ Telephone _____ Relationship _____

10. DECLARATION

I declare that the information given above is true to the best of my knowledge. I request you to open an account in my name/s provided. I have read and agree to abide by the laws of this society as well as the terms and conditions of this application.

Name _____ Signature _____ Date _____

11. INTRODUCED BY:

Name _____ Membership no. _____ telephone _____

Marketer in Charge: Name _____ Member no. _____

12. OFFICE USE ONLY:

Application received by _____ Signature _____ Date _____

Date account is created _____ signature _____

CEO's signature _____ Date _____ official stamp: _____