

Ulinzi House, Lenana Road. P.O. BOX
40668 -00100,
Nairobi, Kenya.
Tel: 0793 281989 / 0205134900
Email: contactus@defencesacco.com
PAYBILL: 907116



REVISED

APPLICATION FOR MEMBERSHIP

(Tick Appropriately)

STATUS: NEW MEMBER REJOINING
ACCOUNT TYPE: SHARIA COMPLIANT (FOR MUSLIMS) NORMAL ACCOUNT
 (SHARIA COMPLIANT ACCOUNTS EARN ZERO DIVIDENDS AND ZERO INTEREST ON DEPOSITS)

(ALL FIELDS MARKED IN ASTERIKS ARE MANDATORY)

Attach passport
photo here

1. APPLICANTS PERSONAL DETAILS (BLOCK LETTERS)

Name in Full:* Gender:* Male Female
 Service Number:* National ID No:* Date of Birth:*
 Postal Address: Home Address:
 Service/Fmn/Unit:* KRA PIN No.....
 Mobile No:* Secondary No.....
 Email Address:*

I authorize you to deduct from my salary KShs (in Words)..... (in Figures)

(minimum contribution is **KShs 3,500.00** per month) for Deposit every month, **KShs 300.00** monthly for the **sink fund**, **KShs 1000.00** per month as **account maintenance fee (FOR SHARIA ACCOUNTS ONLY)** and **joining fee of KShs 600.00** (paid only once) with effect fromuntil further notice.

Signature Specimen: Date:

2. NOMINEE (S)*

I the undersigned in the event of my death whilst a member of the society hereby instructs the society to pay all amounts due to me (benefits and benevolent fund), less my debts to the society, to the person(s) named in this section. I understand that I may alter the name(s) of the Nominated Beneficiary(s) by filling a fresh nomination form.

N/B: if more than one nominee is listed, please indicate the percentage to pay each of them.

S/NO	Full Names	Relationship To Member	Allocation (%)	ID No	Contacts

Kindly provide Guardian details if the Nominee(s) are below 18 years old.
 Name: ID No: Mobile No:

Indicate use of funds for nominee(s) below 18 years (**Tick appropriately**)
 School Fees Paid to Guardian Beneficiaries (held in trust by DESACCO until nominee turns 18 years old)
 Others (Specify)

3. DESACCO BENEVOLENT FUND NOMINEE (S) DECLARATION*

S/NO	ID Number/ M/NO	Full Names	Category	Date Of Birth
			SPOUSE	
			FATHER	
			MOTHER	
			CHILDREN (list all the children)	

Kindly visit website www.defencesacco.com to read on DESACCO benevolent fund.

4. MOBILE BANKING APPLICATION (OPTIONAL)

Do you authorize DESACCO to link your mobile number to your FOSA Account?

YES NO

Enter mobile number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. ATM APPLICATION - OPTIONAL (TICK APPROPRIATELY)

Do you authorize DESACCO to issue an ATM and link to your FOSA current account.

YES NO

Delivery Mode (Tick Appropriately)

a. Owner to Collect b. Delivery to Unit Via SDS

6. DECLARATION*

I hereby make application for Membership of the society and agree to abide by the By-laws and/or any other amendments thereof in the Defence Sacco. I willingly grant consent to DESACCO to verify, use, share and/or disclose the information given in accordance with the Society's By-laws and the Laws of Kenya.

Signature:

--

Date:

MEMBERSHIP QUALIFICATION

A person may become a member of a society if he/she fulfils the following qualification:

- a. Is within the field of membership as prescribed in these By-laws;
- b. Has attained age of majority as prescribed under the relevant laws;
- c. Is not directly, a money lender or carrying out such activities detrimental to the objectives of the society;
- d. Is of sound mind; and
- e. Deposits a minimum share capital of KShs 20,000.00

7. MEMBERSHIP APPLICATION CHECKLIST

Copy of svc ID Card

Two passport size photographs

Copy of current payslip

8. FOR OFFICIAL USE ONLY

We have checked and confirmed that all the information given above is correct:

Verified by:

Rank: _____ Name: _____ Date: __/__/20__ Signature: _____

Approved by:

Rank: _____ Name: _____ Date: __/__/20__ Signature: _____