



## IG (INVEST AND GROW) SACCO SOCIETY LTD

IG Plaza, Khalisia Road 3

P.O. Box 1150-50100 Kakamega, Kenya

Landline: +254 (56) 30864

Call center: +2547111195100 Mobile: +254 726 340 851 / +254 736 333 334

Email: [sales@igsaccoltd.co.ke](mailto:sales@igsaccoltd.co.ke), [info@igsaccoltd.co.ke](mailto:info@igsaccoltd.co.ke)

Website: [igsaccoltd.co.ke](http://igsaccoltd.co.ke) Facebook: @IG SACCO

Twitter: @IG SACCOSOCIETY Whatsapp: +254702377707

# MEMBERSHIP APPLICATION FORM

## SECTION A: FOR OFFICIAL USE

SACCO Account No.:	Membership No:
--------------------	----------------

## SECTION B: APPLICANT'S DETAILS

Surname:	Other Names:	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Date of Birth:	Marital Status:	Occupation:
County:	Sub-County:	Ward:

## SECTION C: CONTACT DETAILS

Postal Address:	Postal Code:	Town/City:
Cell Phone:	Email:	Telephone:

## HOME/PERMANENT ADDRESS

P.O. Box:	Code:	Town/City:
-----------	-------	------------

## SECTION D: IDENTIFICATION DETAILS

ID NO. (Attach Copy):	KRA PIN:
Passport No. (Attach Copy):	Expiry Date:

## SECTION E: NEXT OF KIN DETAILS

Name:	Relationship:	ID No.:
Cell Phone:	Email Address:	
P.O. Box:	CODE:	Town/City

## SECTION F: EMPLOYMENT DETAILS

Name of Employer:	Payroll No.:	
County:	Sub-County	Ward:
Terms of Employment (Permanent/Contract)	Expiry Date:	

## SELF EMPLOYED

Name of Business:	Street/Building/Estate:
Office No.:	Nature of Business:

## SOURCE OF FUNDS (Tick as appropriate)

Salary: <input type="checkbox"/>	Business: <input type="checkbox"/>	Pension: <input type="checkbox"/>	Others (Specify):
----------------------------------	------------------------------------	-----------------------------------	-------------------

## SECTION G: ESTIMATED MONTHLY INCOME (Tick as appropriate)

0-20,000: <input type="checkbox"/>	20,001-50,000: <input type="checkbox"/>	50,001-100,000: <input type="checkbox"/>	100,001-200,000: <input type="checkbox"/>	Over 200,000: <input type="checkbox"/>
------------------------------------	---	--	---	--

## MONTHLY CONTRIBUTION

Kshs.

Amount in Words: .....

**MODE OF CONTRIBUTION (Tick as appropriate)**

Check off: <input type="checkbox"/>	IG Sacco Standing Order: <input type="checkbox"/>	IG Sacco Paybill (705001): <input type="checkbox"/>
External Standing Order (In favour of IG Sacco KCBA/C: <b>1101757663</b> , Kakamega Branch): <input type="checkbox"/>		

**SECTION H: REFERRED BY**

Name:					ID No:
Designation:	Member: <input type="checkbox"/>	Staff: <input type="checkbox"/>	Delegate: <input type="checkbox"/>	Director: <input type="checkbox"/>	Others:

**SECTION I: DECLARATION**

1. I/We authorize Invest & Grow (IG) Sacco to issue an ATM card to my/our account and warrant that the information given above is true and complete. I/We authorize you to make any inquiries necessary in connection with the application. I/We accept and agree to be bound by the conditions of use, detailed overleaf (as amended from time to time). I/We agree that I am/we will be liable for all charges incurred through the use of this card. I/We understand that my/our application can be declined by the Sacco without giving reason(s) to the extent permitted by law.
2. I/We confirm that information given is true to the best of my/our knowledge. By signing this form, I/we request you to open an account in my/our name(s). I/We agree that I/We have read, understood, and accepted the terms and conditions of this account, supplied separately and agree to be bound by them together with Sacco legislations and any amendments thereof. I/We hereby authorize the Sacco to disclose any information relating to my/our account(s) to any Credit Reference Agency, any other institution, or any third party as it deems necessary

Applicant Signature:	Date
----------------------	------

**SECTION J: FOR OFFICAL USE****CUSTOMER CONFIRMATION CHECKLIST**

<input type="checkbox"/> Valid identification document obtained & authenticated	<input type="checkbox"/> Customer contact information obtained
<input type="checkbox"/> Photographs obtained/captured and Authenticated	<input type="checkbox"/> Attached copies of ID card, Payslip, Utility bill passport size Photograph, Letter from Chief

**CHECKED AND OPENED BY:**

Name:	Signature:	Date:
-------	------------	-------

**VERIFIED BY:**

Name:	Signature:	Date:
-------	------------	-------

**APPROVED AND ACTIVATED BY:**

Name:	Signature:	Date:
-------	------------	-------

**NOTE:**

In the case of natural persons, please attach a copy of the national ID/passport, a copy of the pay slip or introduction letter from the employer or KRA PIN certificate, and the Filed Nominee Card. In the case of artificial persons, please attach copy of the registration certificate, copies of the national IDs/passports of the directors, Articles of Association, of Memorandum of association, KRA PIN for both the company and the directors, and the minutes. In the case of persons from informal employment, a letter from Chief or assistant chief is to be attached.