



Invest in Secure Hands

Membership Application Form

Requirements:

- Deposit slip of Ksh. 2,010 - This applies to a new applicant
- 1 passport-size coloured photo
- Copy of National ID (both sides)
- Signed allotment form (applies to check-off applicants)
- Copy of a recent payslip 2
- Details of recruiting member - For a member's child joining membership, the recruiter must be the principal member.
- Copy of applicant's birth certificate - This applies to a member's child who is joining the SACCO in case the child is not within the common bond
- Nomination of Beneficiaries witnessed by two existing members
- Deposit slip of Ksh. 7,010 - This applies to a rejoining member

Note: This is a fillable form. Submit duly completed and signed form to info@balozisacco.com or drop it at our office

Full name: Prof/Dr/Mr/Mrs/Miss _____

Date of Birth _____ Occupation _____

ID No. _____ Payroll No. _____

Department _____ Terms of Service _____

Employer _____ Date Employed _____

Station (Town Name) _____ Employer Telephone _____

Employer Address _____

Mobile No _____ 2ND Mobile No. _____

Email Address _____ 2ND Email Address _____

Home Address _____

Bank Name _____ Branch _____

Bank Account No _____

Contribution Starting Date _____

Deposit Contribution Ksh. _____ Per PP/Month _____

Recruited by: Name _____ Mno _____

I hereby make an application for membership and agree to conform and abide by the scheme's policies and amendments thereof:-

Applicant's Signature _____ Date _____

For Official Use Only

Membership No _____ Membership Fee Kshs. _____

Date of Admission _____ Receipt No _____

Registered By _____ Signature _____ Date _____

Authorized By _____ Signature _____ Date _____

Terms and Conditions of Membership

Please note that this application form contains the initial desire of the member to be bound contractually with the Society by the way of account opening.

1. Application must be made in Balozi Sacco membership application form. Incomplete forms will be returned unconsidered.
2. The applicant must fill the membership application form in full including bank account details – this will help us maintain your account for future payments such as dividends.
3. The benevolent fund must be attached to this application for declaring dependents – the information will help us maintain your records in case of payment of benevolent claims (insurance). Consent to add the beneficiaries must be given prior to addition.
4. The nominated beneficiaries form must be attached to this application for declaring nominee – the form must be witnessed by two existing members of Balozi Sacco. The information will be used as a Will in case of demise of a member. Consent to add the nominees must be given prior to addition.
5. The applicant is required to attach a copy of his/her national ID card / Passport, coloured pass-port size photo, a pay slip and allotment form (for checkoff members), copy of birth certificate for applicant's children and self if joining through a parent's recommendation. Details of recruiting member (page 2) -For a member's child joining membership, the recruiter must be the principal member.
6. An entrance fee must be paid for new or rejoining members prior to registration and the deposit slip attached for reference. Payment instructions will be provided by the office.

Kindly note that by submitting this application form for processing, it shall be considered that you consent to the above terms and conditions for membership.

Name _____ ID/Passport _____

Signature _____ Date _____

Payment Modes

Account Name: Balozi Sacco Ltd

1. Commercial Bank Of Africa | Mama Ngina Street Branch | A/C No: 6492740011
2. Kenya Commercial Bank | University Way Branch | A/C No: 1175234222
3. Co-operative Bank | Co-Op House Branch | A/C No: 01120000537900
4. ABSA | Muthaiga Branch: | A/C No: 2047230422 or
5. M-Pesa Paybill 855600 | A/C No: ID Number.



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Benevolent Fund Application Form

I hereby apply for membership to Balozi Benevolent Fund Scheme and agree to abide by the scheme's policies and amendments thereof: -

Full Name: Prof/Dr./Mr./Mrs./Miss _____

Date of Birth ____/____/____ Identification No. _____ Membership No. _____

Home Address _____ Mobile No. _____

Employer _____ Payroll No. _____

Scheme Contribution Starting Date ____/____/____ Ksh. 300/- or 150/-per PP/Month

Nominations For Benevolent Fund Claim

| 1. Names of Spouse(s) | Date of Birth | ID. No |
|-----------------------|---------------|--------|
| a. _____ | _____ | _____ |
| b. _____ | _____ | _____ |

| 2. Names of Child(ren) | Date of Birth | ID. No / Birth Certificate No. |
|------------------------|---------------|--------------------------------|
| a. _____ | _____ | _____ |
| b. _____ | _____ | _____ |
| c. _____ | _____ | _____ |
| d. _____ | _____ | _____ |
| e. _____ | _____ | _____ |

| 3. Names of Biological Parent(s) | Date of Birth | ID. No |
|----------------------------------|---------------|--------|
| a. _____ | _____ | _____ |
| b. _____ | _____ | _____ |

Note:

- You may fill more than one form in case the spaces provided above are not enough
- Attach copies of birth certificates for children and copies of national IDs for all spouses and parents.

4. Details of Claimant (Not Principal Member/ Contributor)

In the event that the claim for benevolent fund is for myself, payment to be made to

Name _____ ID. No _____

Relationship _____ Mobile No _____

Email address _____

The Sacco accepts claims for a maximum of one spouse, four children and two parents.

Applicant's Signature _____ Date _____



Invest in Secure Hands

Nomination of Beneficiary Form

As Per By Law 16

I _____ of ID/Passport No _____

Membership No. _____ P.O. Box _____

The undersigned, in the event of my death whilst a member of the Society, hereby instruct the Society to pay all amounts due to me, less any debts (defaulted loan) to the Society, to the person named in the section below.

I understand that I may alter the name(s) of the nominated next of kin(s) by filling another next of kin form.

| | Names of Nominated Beneficiaries | Relationship | ID Number/ Birth Cert No | Mobile Number | Ratio Total: 100 % |
|----|----------------------------------|--------------|-----------------------------|---------------|-----------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |

Applicant's Signature: _____ Date: _____

Witnesses

1. Name: _____ Mno: _____
Address: _____
Signature: _____ Date: _____

2. Name: _____ Mno: _____
Address: _____
Signature: _____ Date: _____