SANIAGA
identity empowers
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Saniaga Savings and Credit Co-operative Society Ltd

P.O BOX 87-50311 Wodanga, TEL (+254) 700186018 /723921697 /708589822

SACCO MEMBER APPLICATION FORM

Application Date……

Attach passport photo

PART A:
Applicant's Details

First Name……Middle Name……..Last Name……..

ID/Passport No……..Nationality……Date of Birth……

Postal Address (P.O Box)……..Postal Code……Town……

Country……..County……Location/Residence……..

Mobile Number…… E-mail……

Please state your expectation/s for applying Sacco membership……

PART B:
Payment Details

Member Number

Amount paid at entry	Payment mode	Duration	Installments	Any other details

PART C:

Next of Kin Name ……Next of Kin Member Number……..

Member's Signature…….. Date……

OFFICIAL USE

Data captured by: Name ……Signature ……Date……

Member approval by: Name……Signature ……Date……

Account Approved by: Name……Signature……Date……..