



B.A.T Sacco Limited
 P O BOX 30000 - 00100
 Nairobi Kenya
 Tel: 0711062425/357/365

CORPORATE MEMBERSHIP APPLICATION FORM (complete this form in block capitals)

The Hon. Secretary
 P.O.Box 30000
NAIROBI

We hereby make an application for membership and agree to conform to the societies By- Law and any amendment thereof.

Name of Entity _____

Registration No . _____

Date of Registration/Incorporation: _____

County _____ Division _____

Location . _____

Present Address: _____

Mobile No . _____ Email address _____

Referee name _____ sign _____

Officials:

	Name	I.D/passport no.	Position Held	Signature
1				
2				
3				
4				

We intend to make savings of Ksh _____ per month with effect from _____

1. FOR SOCIETY USE ONLY

Date of Admission _____ First payment _____

Membership Register No . _____

Recorded by Management committee _____ Minute No . _____

Date of Withdrawal _____ Date of refund _____

Chairman's signature _____ Cheque No . _____



B.A.T Sacco Limited

P O BOX 30000 - 00100

Nairobi Kenya

Tel: 0711062425/357/365

NB. REGISTRATION FEES KSH 5000/=

ATTACH THE FOLLOWING DOCUMENTS

- 1. A Certified copy of Registration Certificates and KRA PIN certificate.**
- 2. Copies of Identification Cards of the officials and KRA PIN certificate.**
- 3. Constitution of the group.**
- 4. Minutes of meeting resolving to join the Sacco.**
- 5. List of group members.**