



BAT SACCO LTD
P O BOX 30000 - 00100
Nairobi Kenya
Tel: 0711062425/357/365

APPLICATION FOR MEMBERSHIP (complete this form in block capitals)

The Chairman,
P.O.Box 30000,
NAIROBI.

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

Full Name: _____
 First Middle Last

Date of birth. _____ PIN No. _____

Member No. _____ ID.No. _____ Date: _____

Email Address _____ Mobile No. _____

Postal address

Bank NameBank branch.....

Bank Account No.....

Applicants Signature: _____

Witness: _____
 Name Signature

Referred byID No.

1. FOR SOCIETY USE ONLY

Date of Admission _____ First deduction due _____

Membership Register No. _____

Recorded by Management committee _____ Minute No. _____

Date of Withdrawal _____ Date of refund _____

Chairman’s signature _____ Cheque No. _____

This form is complete when attached:

One recent COLOURED Passport Photograph, Copy of ID and Copy of KRA PIN.



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NEXT OF KIN NOMINATION FORM

DATE-----

To The Chairman,

I, 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 to the Society, to the person(s) named in section B below. I understand that I may alter the name of Nominated Next of kin(s) by filling in a subsequent Nominated Next of Kin Form. The nominated next of kin may be one or several.

A: APPLICANTS DETAILS:

FULL NAME: MR, MRS, MISS, MS, -----

DATE OF JOINING THE COOP-----DATE OF BIRTH-----

ACCOUNT NO ----- MEMBER NUMBER -----ID NO-----

EMAIL. -----PHONE NO-----

B: NOMINATED NEXT OF KIN DETAILS

FULL NAME	D.O.B	ID NO	GENDER (M/F)	MOBILE NO.	RELATIONSHIP	SHARE BENEFIT %

C: GUARDIAN DETAILS

If children are under the age of 18 years, indicate the details of the Guardian(s) below:

FULL NAME	ADDRESS	MOBILE NO.	(M/F)	ID	CHILD NAME	RELATIONSHIP

MEMBER SIGNATURE ----- WITNESS NAME ----- SIGNATURE -----

Note: Each time a member fills another form of nomination it overrides the previous one. If your nominees are more than provided for, list the rest overleaf & sign. A completed form should be forwarded to the Sacco office.