



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

APPLICATION FOR JOINT MEMBERSHIP (complete this form in block capitals)

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

	1ST SIGNATORY DETAILS	2ND SIGNATORY DETAILS
FULL NAME		
I.D NUMBER		
DATE OF BIRTH		
KRA PIN		
MOBILE NO		
EMAIL ADDRESS		
MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED
POSTAL ADDRESS		
POSTAL CODE		
BANK NAME		
BRANCH		
A/C NAME		
A/C NO		
COUNTY		
SUBCOUNTY		
LOCATION		
SUB LOCATION		
SIGNATURES		

Witness: _____
Name Signature Date

Referred byID No.Payroll No.....

FOR OFFICIAL USE ONLY

Date of Admission _____ Membership Register No. _____

Recorded by Name _____ Sign. _____ Date _____

Chairman's signature _____ Date. _____

NOTE: If Signatories Are More Than Two, 3rd Signatory Should Fill Another Form.
Attach: One coloured passport, copy of Id and copy of Kra pin for both signatories

NEXT OF KIN NOMINATION FORM

To The Chairman,

DATE-----

We, the undersigned, in the event of our death whilst a members of the Society, hereby instruct the Society to pay all amounts due to us, less any debts to the Society, to the person(s) named in section B below.

We understand that we 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:

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

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

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

B: NOMINATED NEXT OF KIN DETAILS

FULL NAME	D.O.B	ID NO	GENDER (M/F)	ADDRESS	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	ADRESS	MOBILE NO.	(M/F)	ID	CHILD NAME	RELATIONSHIP

1ST SIGNATORY SIGNATURE	2ND SIGNATORY 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.