



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

**REJOINING FORM**

**DATE OF REJOINING** .....

Full Names: \_\_\_\_\_

Payroll Number: \_\_\_\_\_ Id Number: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Marital status \_\_\_\_\_ D.O. B \_\_\_\_\_

Postal Address \_\_\_\_\_ Member No \_\_\_\_\_

Email address. \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch \_\_\_\_\_

Account Name. \_\_\_\_\_ Account No. \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Witness:** Name \_\_\_\_\_ Signature \_\_\_\_\_

**© OFFICIAL USE ONLY**

Prepared by: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Checked by: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Date of Readmission** \_\_\_\_\_

**Credit Committee Approval**

Chairman Credit

Secretary Credit

Member Credit

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