



ICPSK SACCO SOCIETY LIMITED

CPS Governance Centre, Upper Hill, Kilimanjaro Road, off Mara Road
 P.O. Box 46935- 00100 Nairobi, Kenya, Tel: 254 20 3597840/42, Cell: 0704999629
 Email: sacco@icpsk.com

MEMBER'S REGISTRATION FORM

When duly filled deliver to the Sacco offices or email to: sacco@icpsk.com

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|---|---|
| <p><u>MANDATORY DOCUMENTS REQUIRED:</u></p> <ol style="list-style-type: none"> 1. Applicant's National ID/Passport copy 2. Applicant's passport size photo (Write name at the back) 3. Next of kin's Passport size photo (Write name at the back) 4. Copy of next of kin's ID/Passport/birth certificate in case of minors | <p>AFFIX PASSPORT PHOTO HERE</p> |
|---|---|

| PERSONAL DATA (Use block letters) | | | |
|---|----------|-------------------------------|-----------|
| Full Name (As per National ID) | | | |
| ICPSK Member Number | | Learnt about ICPSK Sacco from | |
| Date of Birth | Year | Month | Date |
| Physical Location | P.O. Box | Code | City/Town |
| Personal E-mail (s) | | Mobile Number (s) | |
| National Identification Number/Passport Number | | KRA PIN | |
| Bank Name of Applicant | | Account Number Of Applicant | |
| Bank Branch of Applicant | | | |
| EMPLOYER'S DATA/SELF-EMPLOYED (Use block letters) | | | |
| Employers/Business Name | | | |
| City/Town | | Telephone Number | |
| P.O. Box | Code | Street | |
| Employers/Business E-mail Address | | | |

NEXT OF KIN DETAILS

| | Full Names | ID/Passport/Birth Cert NO. | Cell No. | Email Address | Relationship | Allocation % |
|----|------------|----------------------------|----------|---------------|--------------|--------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

APPLICANTS'S DECLARATION

I, Mr/Mrs./Ms..... commit myself to contribute monthly Kshs..... to the ICPSK Sacco with effect from the month of until further notice.

I agree to abide by the By-laws of ICPSK Sacco Society Ltd or any amendments thereafter and that the duly filled information in this form is true.

SIGNATURE DATE

NOTE: Should any of the above details change, Please inform us immediately.

Witnessed by: Name.....M/No..... Sign.....

PAYMENT OPTIONS

M-Pesa Pay bill Number: 649834 Account Name: Member number or Full Name

Please Note; CASH PAYMENTS TO BE MADE DIRECTLY TO THE BANK BELOW AND THE SLIP PRESENTED WITH THIS APPLICATION FORM

CO-OPERATIVE BANK |Parliament Road Branch| Account Number: 01120003792400 | A/c Name: ICPSK Sacco Society Ltd

TREASURER'S ENDORSEMENT

NAME.....SIGN.....DATE.....

OFFICIAL USE ONLY

KES 1,000 Registration Fees paid on.....Membership Admission date.....

Receipt No.....Allocated Member number.....

Checked by.....Signature.....

