



MEMBERSHIP APPLICATION FORM

(Complete This Form in Block Letters and attach copies of National ID/Passport, KRA Pin and a Passport size Photo).

I hereby make an application for membership and agree to conform to the Society's BY-LAWS and any amendment thereof.

I therefore wish to be remitting to the Society through its Bank Account a monthly Remittance of Kshs:

AMOUNT..... Each month as shares and deposits with effect from:

.....

CURRENCY (tick where appropriate): KSH ☐ USD ☐ EURO ☐ OTHER (Specify)

DEFAULT FOSA ACCOUNT (tick one): Salary Account ☐ Savings Account ☐

MEMBER DETAILS

TITLE (tick where appropriate):

Mr. ☐ Mrs. ☐ Miss ☐ Dr. ☐ Prof. ☐ Rev. ☐

SURNAME: **OTHER NAMES:**

DATE OF BIRTH: **ID/PASSPORT NO:** **MEMBER NO.**.....

GENDER: MALE ☐ FEMALE ☐ **RELIGION:**

PAYROLL NUMBER **WORK EMAIL ADDRESS** **POSTAL ADDRESS:**

..... **POSTAL CODE** **CITY**

PERSONAL EMAIL ADDRESS: **PHONE NO:**

Marital status ☐ Married ☐ Single ☐ Sseparated ☐ Widow/er

If married:

Spouse Name

ID No. **Date of Birth:**

Tel. No **Email Address**

COUNTRY OF ORIGIN: **COUNTRY OF RESIDENCE:**

APPLICANT STATUS: Employed ☐ Self-employed ☐ Student ☐ Other ☐

TERMS OF SERVICE (if employed): Permanent ☐ Casual ☐ Contract ☐

EMPLOYER NAME: **STATION:** **Date of employment**.....

OFFICIAL DESIGNATION: **DEPARTMENT:**

EMPLOYER'S ADDRESS: **EMPLOYER'S PHONE NO:**

IF IN BUSINESS (Self-employed)

BUSINESS NAME: **NATURE OF THE**

BUSINESS: **BUSINESS LOCATION:**

NEXT OF KIN (CONTACT PERSON)

NAME: **IDNO.** **TEL/MOB:**

RELATIONSHIP: **EMAIL ADDRESS :**

3 NOMINEE (BENEFICIARY)

I _____, the undersigned in the events of my death whilst a member to 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 this Section (The details of nominees can be given in sealed letter).

I understand that I may change the name of the nominated next of kin by filling in a subsequent nominated next of kin form.

SNO.	NAME	D.O.B	I.D NO	CONTACTS	RELATION	%
					TOTAL	100%

If minor please fill in details of the guardian

Name..... ID No..... Contact:

..... Relation to next of kin.....

Given on this..... day of..... year..... Signature

How did you know about Airports Sacco?

2. REFEREE (To be filled by the member introducing the applicant

Member No:	Member Name:	Mobile No:
Signature:	Position in the Sacco: BOD ☐ Staff ☐ Station Rep ☐ Member ☐	Date:

DATA CONSENT CLAUSE

By signing this document, you consent to us collecting, processing and sharing with third parties listed with our Data Protection policy your personal information, to verify your identity in order to protect you and your assets, to carry out our obligations from any contracts entered into between you and us or to take steps to enter into an agreement with you, to meet our regulatory compliance and reporting obligations, to provide our services to you, manage your accounts and our relationship with you, to keep you informed about products and services you hold with us and to send you information about products or services (including those of other companies) which may be of interest to you unless you have indicated at any time that you do not wish us to do so, to prevent, detect, and investigate fraud and alleged fraudulent practices and other crimes, to protect our business interests and to develop our business strategies, to contact you, by post, phone, text, email or other methods.

If you give us personal information about or on behalf of another person (senior or minor), you confirm that you are authorized to consent on their behalf to give and process their personal information where the products or services are provided and to generally act on their behalf.

INDEMNITY CLAUSE

I, having read and agreed to the terms and conditions of this Sacco hereby apply for membership and agree that this account shall be operated solely at the discretion of the SACCO and hereby indemnify the SACCO at my cost against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactory performance.

Full Name(s).....Signature.....Date

TELEPHONE NO.:

SIGNATURE SPECIMEN

Sign 1	Sign 2	Sign 3

FOR OFFICIAL USE ONLY:

Member Captured by :.....Signature:.....Date:..... Member

Supervised by:.....Signature:.....Date:.....

FIRST REMITTANCE DUE

Airports Sacco Ltd, HQS K.A.A Fire Training School
P.O. Box 19048 - 00501, Nairobi – Kenya
Website: www.airportssacco.co.ke
Tel: 020 7903119

Email: Bosa@airportssacco.co.ke |
info@airportssacco.co.ke / Credit@airportssacco.co.ke