



LIMLAK SACCO SOCIETY LIMITED

**Limlak
SACCO**

United for Economic Prosperity

P.O. BOX 1306-00217 LIMURU CELLPHONE; +254716029560

Emails: Info@limlaksacco.co.ke, Limlaksacco03@yahoo.com

Website: limlaksacco.co.ke

INDIVIDUAL MEMBERSHIP APPLICATION FORM

I/We, having read and understood LIMLAK Sacco society by-laws and general terms and conditions governing membership availed to me/us through the Sacco website and other channels, wish to join as member(s) and undertake to comply, observe and be bound by the same, now and as per future revisions thereof

AUTHORITY TO ACCESS AND PROCESS MY DATA

I/We have authorized LIMLAK Society Ltd to access, process and share my personal data to third parties that assist in service delivery. I release LIMLAK society ltd and its officers, employees and agents from all claims, actions or proceedings of whatsoever nature and howsoever arising, suffered or incurred in connection with access and processing of my personal data.

1. BIO DATA (Send your passport photo to 0716029560 on WhatsApp)

Name [as per I.D.] _____

National ID/No _____ KRA PIN No. _____

Date of Birth _____ County of birth _____

Postal Address _____ Town _____

Mobile No _____ Email _____

Current Residence (Village _____ House No _____

Nearest Landmark _____

Regular place of worship _____

Present Bankers _____ Branch _____

Marital status _____

Next of Kin _____ Mobile no _____ Relationship _____

Member zone _____ Allocated RO _____

2. SOURCES OF INCOME

Employment/Business/Farmer/ _____ Type/Sector _____

Location of
business/workstation _____

Name of employer _____ Payroll No _____

Duration in Employment/ Business _____ Approx. Monthly Income (Ksh) _____

3.MONTHLY STANDING ORDER (Indicate amount)

Limlak shares..... Loan security fund (LSF).....Others.....

4.OPERATIONS MANDATE [Tick]: SINGLY[] OR EITHER [] OR BOTH []

I/We confirm that the information provided herein and the disclosures made are true

NAME(S)	I.D/PASSPORT NO(s)	SPECIMEN SIGNATURES

NOMINEE & BENEFICIARY (AS PER BY-LAWS) (Tick either or both - appropriately)

NAME	RELATION	IDNO	NOMIN EE-tick	NOM. %	BENEFICI ARY[Tick]	Mobile No.

Applicant(s)

Signature_____Date_____

Member recruited by _____

Witness statement: I confirm that the applicant appeared before me in person and verified the original Identification document.

Witness By: Name_____Sign_____Date_____

(FOR OFFICIAL USE ONLY)

Prepared by_____Sign_____Date_____

Verified by _____Sign _____ Date _____

Membership No_____ Member collections account (MCA)No_____