PS-Sacco
Creating our future today

PUBLIC SERVICE SAVINGS AND CREDIT COOPERATIVE LIMITED

Membership Application Form

Attach Passport Size Photo

Part 1: Applicant's Personal Details

Full Name	Surname	Middle Name	First Name

Mobile No.	1234567890	Tel. No.	1234567890
Date of Birth	DD/MM/YYY	NRC No.	1234567890
Marital Status	Single/Married/Divorced/Widowed	Gender	Male/Female

Home Address

Postal Address: 1234567890, ABDC   Email Address

Part 2: Applicant's Employment Details

Employer (MPSA, SOE)		Employer Address	
Job Title		Employee Number	1234567890
Date of Appointment	DD/MM/YYY	Expected Retirement Date	DD/MM/YYY
Terms of Appointment	Pensionable/Contract	Gross Salary	1234567890

Part 3: Proposed Contributions

Membership Fee (K) (One Off)		Monthly Capital Contributions (K)		Monthly Savings (K)	

Proposed method of Remittance (Tick)   Payroll [ ]   Bank Standing Order [ ]

Effective Date   DD/MM/YYY

Part 4: Nominee Information

I, the undersigned, in the event of my death whilst a member of the Sacco, hereby instruct the Sacco, to pay all amounts due to me, to the person(s) named in this section. I understand that I may alter the name(s) of nominated next of Kin by filling an update form.

Name	NRC/Passport No.	Relationship	Contact Cell No.	Date of Birth	Percentage (%)	Guardian for Minors

Part 5: Authority to my employer to make deductions from my salary

I, the undersigned hereby authorize my employer to deduct the amounts at Part 3 of this Membership Application Form from my salary and remit it to the Public Service Savings and Credit Cooperative Limited.

Part 6: Consent

I, _____ (Full Names) hereby apply for membership of the Public Service Savings and Credit Cooperative and agree to conform, and abide by the Sacco's by-laws, internal rules and regulations, and amendments thereof.

Applicant Signature: _____ **Date:** _____

Witness:

Full Name: _____ **Signature:** _____

Date: _____ **Cell Number(s):**_____

Part 7: For Official Use Only

Membership Application Form Received By (Name)		**Signature**	**Date**
Membership Approved By (Name)		**Signature**	**Date**
Data Captured By (Name)		**Signature**	**Date**
System Approval By (Name)		**Signature**	**Date**
Membership Number			
Member Physical File Opened By (Name)		**Signature**	**Date**
Member Registration Notification Confirmed By (Name)		**Signature**	**Date**
Payroll Input Generated By (Name)		**Signature**	**Date**