



**GROUP MEMBERSHIP APPLICATION FORM**

**TECH INNOVATORS SACCO OF KENYA**

P.O. BOX 14246-00100 NAIROBI. TEL: +254 759 759311

Email: [info@tisk.co.ke](mailto:info@tisk.co.ke)

Website: [www.tisk.co.ke](http://www.tisk.co.ke)

**PART 1: REQUIREMENTS:**

1. Form to be completed as appropriate using block capital letters
2. Attachments: a) Authorized Signatories copy IDs both sides  
b) Signed Group Minutes resolving to join Tech Innovators SACCO of Kenya  
c) Signed List of Members  
d) Certificate of Registration  
e) Group Passport photo of Signatories  
f) Constitution/MOA/AOA

**PART 2: GROUP DETAILS:**

<b>ENTITY NAME</b>	
--------------------	--

Type of Organization:  Chama  Microfinance  Sacco

Others: Specify

**PART 3: PHYSICAL ADDRESS**

Registered Office/Location	Office Telephone
Postal Address	E-Mail address

Contact Person	Contact Person Mobile Number
Nature of Business Entity	County & Ward

**PART 4: OFFICIAL (Authorized Signatories)**

POSITION HELD	NAME	ID NO	MOBILE NO.	SIGN

**Signing instructions:** Any \_\_\_\_\_ of the above signatories can transact the account

**PART 5: MODE OF REMMITANCE AND DECLARATION:**

We commit to commence Monthly Share Deposit of Kshs. .... with effect from .....

We hereby declare that the information given above is true and complete.

We agree to abide by the By-laws of the Society, Membership policy and other SACCO Policies and amendments thereof.

**PART 6: REFEREE (to be filled by the Member introducing the corporate):**

I..... MEMBER NO..... Confirm that the corporate applicant is well known to me and they are capable of independently operation an account as a member of Tech Innovators SACCO of Kenya.

Witness Signature..... Date.....

**PART 7: APPLICANTS' DECLARATION:**

I hereby declare that the information given above is true and complete.

I agree to abide by the By-Laws of the Society, Membership Policy and other SACCO Policies and amendments thereof.

Applicants:

Signature..... Date.....

Signature..... Date.....

Signature..... Date.....

**PART 8: FOR OFFICIAL USE ONLY: CHECKLIST:**

Tick as appropriate

- a) Authorized Signatories copy IDs both sides
- b) Organization/Group Minutes
- c) Signed List of Members
- d) Certificate of Registration
- e) Group Passport photo of Signatories
- f) Constitution/MOA/AOA

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

**PART 9: FOR OFFICIAL USE ONLY:**

This application has been approved under the following Membership Category.

- Chama Account
- Undugu Account

I certify that the above information is correct as per attached documents and do recommend membership.

Member interviewed by ..... Signature.....Date .....

Data captured by.....Signature .....Date.....

Approved by.....Signature .....Date.....

**Account No**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Member file opened by.....Signature .....Date.....