

KENYA NORTH AMERICA DIASPORA SACCO SOCIETY LIMITED Tel: +254 714 917 049 Parklands 6th Avenue, Muthaiga court, house No 14. E-mail: <u>members@knadsacco.com</u>

CHAMA MEMBERSHIP APPLICATION FORM

A. CHAMA BIO DATA

- Chama Name____
- Chama Registration Number. ______
- Chama date of registration:_____
- Chama KRA PIN/EIN No:_____
- Type of Organization (e.g. Club, partnership, company):______
- Introducer Member Name:_____

Name	Name
ID / Passport No	ID / Passport No
Mobile No	Mobile No
Employer	Employer
Email Address	Email Address
Current Country	Current Country
Current Address	Current Address
Current City	Current City
Current State	Current State
Current ZIP Code	Current ZIP Code



Next of KIN	Next of KIN
Signature	Signature
Name	Name
ID / Passport No	ID / Passport No
Mobile No	Mobile No
Employer	Employer
Email Address	Email Address
Current Country	Current Country
Current Address	Current Address
Current City	Current City
Current State	Current State
Current ZIP Code	Current ZIP Code
Next of KIN	Next of KIN
Signature	Signature

*For additional members, attach a separate list indicating the member details (MAXIMUM OF 25 PEOPLE)

Signing Mandate FOR ALL SACCO TRANSACTIONS PER K-NADSACCO GROUP GUIDELINES (Or depending on Chama Constitution)

- 1. Chair Lady/Vice
- 2. Secretary
- 3. Treasurer



B. DECLARATION

We, the Chama members ofunderstand that this account shall be operated solely at the discretion of Kenya North America Diaspora Sacco Society and hereby agree to indemnify the Sacco against any loss or claim arising out of the account being closed by the Sacco without notice due to unsatisfactory performance. The account shall be opened and operated subject to any directions that may be issued to the society by its statutory regulators from time to time.

c. AUTHORIZATION TO REMIT CONTRIBUTIONS TO THE SACCO

We Undersigned Chama members have committed to be remitting minimum Kshs

(in figures)		 	
(in words)	 	 	
Effective from _	 	 	

D. FOR OFFICIAL ONLY

Date form is received and recorded by KNAD SACCO

- 1. Form is complete:
 - The form is correctly filled
 - All the information provided is correct
 - All the documents and fees have been received
- 2. Signed for and on behalf of Kenya North America Diaspora Savings and Credit Society Limited:

	Name	Signature	Designation	Date
(i)				
(ii)				
(iii)				

3. Membership Number Issued_____