



## Joint Account Application Form

I hereby apply for membership of Ports Savings and Credit Society Cooperative Society Limited and agree to abide with the by - Laws, policies, rules and any amendments thereof as may be decided from time to time.

### MEMBERS' PERSONAL DETAILS

**Partner 1** Name  Date of Birth:

Mobile No  ID/passport. No  KRA PIN No

Sex  Marital Status  Email Address

**Partner 2** Name  Date of Birth:

Mobile No  ID/passport. No  KRA PIN No

Sex  Marital Status  Email Address

**Partner 3** Name  Date of Birth:

Mobile No  ID/passport. No  KRA PIN No

Sex  Marital Status  Email Address

**Partner 4** Name  Date of Birth:

Mobile No  ID/passport. No  KRA PIN No

Sex  Marital Status  Email Address

### Monthly Contributions

Propose monthly contributions Ksh  Amount in words

Proposed mode of remittance: check off  Standing order  Direct Debit others

Effective Date

1 <sup>st</sup> Signatory Name	<input type="text"/>	ID No	<input type="text"/>	Sign	<input type="text"/>	Date	<input type="text"/>
2 <sup>nd</sup> Signatory Name	<input type="text"/>	ID No	<input type="text"/>	Sign	<input type="text"/>	Date	<input type="text"/>
3 <sup>rd</sup> Signatory Name	<input type="text"/>	ID No	<input type="text"/>	Sign	<input type="text"/>	Date	<input type="text"/>
4 <sup>th</sup> Signatory Name	<input type="text"/>	ID No	<input type="text"/>	Sign	<input type="text"/>	Date	<input type="text"/>
Witnessed by	<input type="text"/>	Member No	<input type="text"/>	Sign	<input type="text"/>	Date	<input type="text"/>

**Signing Instructions**

All to sign	two to sign	one to sign
Name <input type="text"/>	Signed: <input type="text"/>	Date <input type="text"/>
Name <input type="text"/>	Signed: <input type="text"/>	Date <input type="text"/>
Name <input type="text"/>	Signed: <input type="text"/>	Date <input type="text"/>

**Indemnity Clause:** I/we agree that this account shall be operated solely at the discretion of the Sacco and hereby indemnify the Sacco at my/our cost against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactory performance.

Name <input type="text"/>	Signed: <input type="text"/>	Date <input type="text"/>
Name <input type="text"/>	Signed: <input type="text"/>	Date <input type="text"/>
Name <input type="text"/>	Signed: <input type="text"/>	Date <input type="text"/>

**Recruited by Name**  **Member/Staff No**

**FOR OFFICIAL USE ONLY**

Date of Admission to the Society: <input type="text"/>	Allocated Membership Number: <input type="text"/>
Registration processed by: <input type="text"/>	Date <input type="text"/> Sign <input type="text"/>
Registration approved by <input type="text"/>	Date <input type="text"/> Sign <input type="text"/>

**REQUIREMENTS FOR MEMBERSHIP REGISTRATION**

- Copy of ID
- Copy of KRA PIN
- Pass port Size photo
- Membership registration fee

