



ANTS SACCO LIMITED
P.O BOX 9196-00100 NAIROBI, KENYA

MEMBER'S REGISTRATION FORM

When duly filled deliver to the Sacco offices or email to: info@ants-sacco.com

<p><u>MANDATORY DOCUMENTS REQUIRED:</u></p> <ol style="list-style-type: none"> 1. Applicant's National ID/Passport copy 2. Applicant's passport size photo (Write name at the back) 3. Next of kin's Passport size photo (Write name at the back) 4. Copy of next of kin's ID/Passport/birth certificate in case of minors 	<p>AFFIX PASSPORT PHOTO HERE</p>
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PERSONAL DATA (Use block letters)			
Full Name (As per National ID)			
Nationality		Learnt about ANTS Sacco from	
Date of Birth	Year	Month	Date
Physical Location	P.O. Box	Code	City/Town
Personal E-mail (s)		Mobile Number (s)	
National Identification Number/Passport Number		KRA PIN	
Bank Name of Applicant		Account Number Of Applicant	
Bank Branch of Applicant			
EMPLOYER'S DATA/SELF-EMPLOYED (Use block letters)			
Employers/Business Name			
City/Town		Telephone Number	
P.O. Box	Code	Street	
Employers/Business E-mail Address			

NEXT OF KIN DETAILS

	Full Names	ID/Passport/Birth Cert NO.	Cell No.	Email Address	Relationship	Allocation %
1.						
2.						
3.						
4.						

APPLICANTS'S DECLARATION

I, Mr/Mrs./Ms..... commit myself to contribute monthly Kshs..... to the ANTS Sacco with effect from the month of until further notice.

I agree to abide by the By-laws of ANTS Sacco Society Ltd or any amendments thereafter and that the duly filled information in this form is true.

SIGNATURE DATE

NOTE: Should any of the above details change, Please inform us immediately.

Witnessed by: Name.....M/No..... Sign.....

PAYMENT OPTIONS

M-Pesa Pay bill Number: 400200 Account Name: Member number or Full Name

Please Note; CASH PAYMENTS TO BE MADE DIRECTLY TO THE BANK BELOW AND THE SLIP PRESENTED WITH THIS APPLICATION FORM

CO-OPERATIVE BANK |T- Mall Branch| Account Number: 01100724843001| A/c Name: ANTS SACCO LIMITED

TREASURER'S ENDORSEMENT

NAME.....SIGN.....DATE.....

OFFICIAL USE ONLY

KES 2,000 Registration Fees paid on.....Membership Admission date.....

Receipt No.....Allocated Member number.....

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

