



CHOSEN GENERATION

Savings & Credit Cooperative Society

Address: 700 – 00206 Kiserian Office: Bizna Plaza,
 Ground floor, Rm. G2 Mobile: (+254) 713 521 769 or
 (+254) 758 537 147

Email:chosengenerationsacco@gmail.com

Membership Registration Form

Please ensure to attach the following documents to complete the application:

1. One copy of your Kenyan National ID/ Passport
2. Two recent passport size photos (Write your name, ID number and signature at the back)
3. Complete this membership application form and present it, with all the required attachments, and hand it over to the authorized staff members of Chosen Generation SACCO or emailed back to the society through the email address **chosengenerationsacco@gmail.com**

Instructions

Please read through the following list of membership requirements and expectations, rules and regulations of the members carefully and ask for assistance where you may not understand. Filling and signing this form binds every member to the rules and regulations of Chosen Generation Savings and Credit Cooperative Society as detailed in the Chosen Generation SACCO constitution.

Membership Qualification

1. The person must be of 18 years and above and in possession of a national identity card.
2. Be of sound mind and in a position to make sound decisions.
3. Be in a position to follow the regulations stated below and accept to liable to all the penalties as required by the requirements.
4. Must undertake to be a member through the signing of the membership registration form through free will.
5. Applicant referred by an existing member of the society.

Expectations from the members

1. A mandatory non-refundable fee of Kshs. 1000.00 for individual applicants or Kshs. 2000.00 for joint, group or corporate to be paid upon registration as membership fee.
2. Every member must also pay Kshs. 150 for the membership passbook.
3. A mandatory non-refundable share capital purchase of 80 shares at Kshs. 25.00 payable within 6 months.
4. The member is expected to make a contribution of not less than Kshs. 1,050.00 on a monthly basis. This amount may be broken down into smaller installments according to the ability of the member.
5. The savings constitute the members deposits out of which loans are approved.
6. Kshs. 150.00, which may change as may be communicated by the leadership of the SACCO during the general meeting, will be deducted from the member’s savings on a monthly basis as administration fee.
7. Members are eligible for loans after a period of six months of contributions.
8. In case a member is not in a position to make the daily contributions, he/she will be required to communicate the same through a written letter addressed to the chairperson. Request for refund or permission to abstain from the contribution should be expressed in the letter. The issue will be discussed in the meeting that will follow and the appropriate step shall be taken.
9. In case of failure of communication, the Kshs.150.00 deductions will continue for a period of three months after which the account will be deemed dormant.
10. All communications to the group will be done through written and signed documents.
11. In case the member requires a loan, the member should communicate through a letter signed by him/her and followed by a business plan detailing the business reason for the loan.

FOR OFFICIAL USE ONLY

Date of Application

Membership Name.....

Membership Number.....

Branch Name.....

Account Signatories

I/We wish to register as a member of Chosen Generation Savings & Credit Cooperative Society and undertake to comply, observe and be bound by the general terms and conditions in force from time to time governing the operations of the account with the SACCO.

1ST SIGNATORY

(First name)

(Second name)

(Surname)

Full name

Date of birth..... Marital status.....

National ID Number..... Phone number.....

Physical address..... Email address.....

Residence

County.....Sub county..... Street.....

Source of income; Salary Business Pension
Others (specify).....

Name of Next of Kin:.....ID Number.....

Relationship.....Phone number.....Address.....

2ND SIGNATORY

(First name)

(Second name)

(Surname)

Full name

Date of birth..... Marital status.....

National ID Number..... Phone number.....

Physical address..... Email address.....

Residence

County.....Sub county..... Street.....

Source of income; Salary Business Pension
Others (specify).....

Name of Next of Kin:.....ID Number.....

Relationship.....Phone number.....Address.....

3RD SIGNATORY

(First name)

(Second name)

(Surname)

Full name

Date of birth..... Marital status.....

National ID Number..... Phone number.....

Physical address..... Email address.....

Residence

County.....Sub county..... Street.....

Source of income; Salary Business Pension
Others (specify).....

Name of Next of Kin:.....ID Number.....

Relationship.....Phone number.....Address.....

**For individual/joint accounts only: Beneficiaries
(Designated to receive funds/benefits in the unfortunate event of loss of life)**

I/we, whose details have been provided herein, in the unfortunate event of loss of life, hereby instruct the society to pay all the amount due to us less any debt to the society to the person named below. I understand I may alter the name of the nominated next of kin by filling in a subsequent nominated next of kin form.

No.	Name (As in ID/Birth Certificate)	Relationship	Allocation	Contact
1.	Name.....ID No.....	.....	.....	.....
2.	Name.....ID No.....	.....	.....	.....
3.	Name.....ID No.....	.....	.....	.....
4.	Name.....ID No.....	.....	.....	.....
5.	Name.....ID No.....	.....	.....	.....

Oath of membership

I/We (name), having read, understood, and undertake to comply, observe and be bound by the terms and conditions stated in the constitution of Chosen Generation Savings and Credit Cooperative society, and understand that these rules and regulations may be amended from time to time, do agree, freely and without coercion, to join as a member of the above mentioned group under the membership section of the group's constitution.

Signature.....Date

Referee (to be filled by the member who introduces the applicant)

I of Chosen Generation SACCO membership number acknowledge and certify that the applicant, whose details have been filled in the form herein, is well known to me and recommend him/her to be a member of Chosen Generation SACCO.

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

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Account opening checklist

- 1. Original national ID/passport sighted :
- 2. Original national ID/passport copies obtained :
- 3. 2-passport colored photos obtained :
- 4. Application details fully filled :
- 5. Signed terms and conditions attached :
- 6. Specimen signature obtained :
- 7. Date of admission :
- 8. Registration fee paid : Rcpt no.....

Date of membership approval :

Secretary's signature :Date.....

Chairperson's signature :Date.....