



Zoghori Regulated NON-WDT SACCO

Building One Another

Gariso Building, 1st Floor, Meru Road | P.O Box 86838-80100, Mombasa. | Tel No. 0720615062 | info@zoghorisacco.com | www.zoghorisacco.com

MEMBERSHIP APPLICATION FORM

All fields marked in asterisk * are MANDATORY.

Attach copies of: National ID/Valid Kenyan Passport, Recent Coloured Passport Photo, KRA Pin.

I hereby make an application for membership and agree to abide and conform to the Society's

By-Laws and amendments thereof.

Attach Passport
Photo

SECTION A: APPLICANT'S DETAILS-BIO DATA

Mr./Mrs. Others Specify:*		Gender:*	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>												
Names (as per Identity Doc.):*																		
ID/Passport No.:	1	2	3	4	5	6	7	8	9	Date of Birth:*	D	D	M	M	Y	Y	Y	Y
Country of Residence:*				Marital Status:*			Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Widower	<input type="checkbox"/>	Divorced	<input type="checkbox"/>		
County/City of Residence:										Postal Address/Code:*								
Residential Address:										Home Address:*								
Primary Phone No(M-PESA):*										Other Phone No.								
KRA PIN:*										Email:								

SECTION B: EMPLOYMENT/OCCUPATION DETAILS*

EMPLOYED <input type="checkbox"/>	SELF-EMPLOYED <input type="checkbox"/>
Employer:	Business Type/Name:
Designation:	Business Location:
Employer Address:	Position in Business:
Gross Monthly Income:	Gross Monthly Income:

SECTION C: OTHER SOURCES OF INCOME

Pension Income: <input type="checkbox"/>	Others (Please Specify):
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SECTION D: MONTHLY REMITTANCE*

Monthly Deposit Contribution (Kes):	Amount in words:
Monthly Share Capital Contribution (Kes):	Amount in words:
Mode of Remittance: Check-off <input type="checkbox"/> Direct Debit <input type="checkbox"/> MPESA <input type="checkbox"/> Others(Specify):	

SECTION E: NEXT OF KIN DETAILS:(To be contacted in case of emergency-MUST be 18yrs and above)*

	NAME	RELATIONSHIP	PHONE NO.	ID/PASSPORT NO
1.				
2.				
3.				



BENEFICIARIES:

I, the undersigned in the event of my death whilst a member of the society hereby instruct the society to pay all amounts due to me, less my debts to the society, to the person(s) named in this section (The name(s) of the nominee(s) can be given in a sealed letter). I understand that I may alter the name(s) of the Nominated Next of Kin(s) by filling a fresh nomination form. N/B: if more than one nominee is listed, please indicate the percentage to pay each of them.

FULL NAMES *	PHONE NO. *	ID/PASSPORT/ BIRTH CERT. NO *	RELATION SHIP *	DATE OF BIRTH *	CURRENT ADDRESS *	PER CENT AGE *

SECTION F: ENROLMENT TO PRODUCTS/SERVICES *

Tick on the services that you have enrolled for:

M-BANKING	<input type="checkbox"/>	M-BANKING PHONE NO.	0	7	1	2	3	4	5	6	7	8
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DATA PRIVACY & CONSENT: I agree that this account shall be operated solely at the discretion of the SACCO and hereby agree to indemnify the SACCO at my/our cost against any loss or claims arising out of the account being closed by the SACCO without notice due to unsatisfactory performance.

I hereby consent to the collection, processing, and storage of my personal data by Zoghori SACCO for legitimate purposes including membership management, financial services, and regulatory compliance. I understand my rights under the Data Protection Act, including access, rectification, and erasure of my data.

☐ I agree to the SACCO's Data Protection Policy.

☐ I authorize Zoghori SACCO to share my data with regulatory bodies (e.g., SASRA, CRBs) as required by law.

Signature: _____ **Date:** _____

SPECIMEN SIGNATURE*

(Should be used for all documents provided by the Sacco) Sign at the Centre of the Box

SECTION G: REFEREE DETAILS:

NAME:	ID NO:	PHONE NO.	MEMBER NO.

FOR OFFICIAL USE ONLY

Member No. _____

<input type="checkbox"/>	Customer Information Checklist
<input type="checkbox"/>	Valid Identification documents obtained & authenticated
<input type="checkbox"/>	Photographs Obtained/Captured and authenticated
<input type="checkbox"/>	Customer Contact Information available
<input type="checkbox"/>	Mandated Signatures Obtained

Account Opened by (Name): _____ Signature: _____