



**Mombasa Port Sacco Ltd**  
My Sacco of Choice

**Mombasa Port Sacco Society Ltd**

**P.O. Box 95372 Mombasa- Kenya**

**Telephone: 041-222-124**

**Mobile: 0725238367/0780238367/0743836783**

**Email: info@msaportsacco.co.ke**

### **MEMBERSHIP APPLICATION FORM**

*I hereby apply for membership of Mombasa Port 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.*

#### **PERSONAL DETAILS**

**Have you been a member before? Yes  No**

Name ..... Date of Birth: .....

Mobile No.....ID/passport. No..... KRA PIN No.....

Sex.....Marital Status..... Email Address.....

Postal address..... Code.....Town.....

Residence.....County .....Sub county.....Ward.....

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#### **Employment Details**

Employer: ..... Employer Address.....

Designation..... Employment terms: Permanent  Casual  Contract

If on contract specify end date.....Staff/check Number ..... Work Station.....

**Pensioner** (Name of former employer) ..... Staff/Pension No.....

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#### **Business Details (To be completed by a business applicant)**

Business Name.....Nature of Business.....

Business Address.....Business Location.....

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**Monthly Contributions**

Propose monthly contributions Ksh..... Amount in words.....

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

Effective date.....

**Next of Kin:** Name..... Relationship.....Mobile No. ....

**NOMINEES (WARITHI)**

I the person name above and whose signature appears below, being of sound mind and under no duress, declares that incase of my death the person (s) stated hereunder shall be paid my total deposits less my debts to Mombasa Port Sacco Society Ltd.

|    | NAME | RELATIONSHIP | % | ID/No. |
|----|------|--------------|---|--------|
| 1. |      |              |   |        |
| 2. |      |              |   |        |
| 3. |      |              |   |        |
| 4  |      |              |   |        |

Applicant's Name .....Sign..... Date.....

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**MOBILE BANKING SERVICE(M-SACCO)**

Enter mobile number (Safaricom only). Tick  .....

Services Available - Loan Salary alerts, Withdrawal, Deposit, Loan repayment and Balance Enquiry. Use of M-Sacco is Subject to terms and conditions.

**SACCO DEBIT CARD APPLICATION.** Tick  I authorize the Mombasa Port Sacco to issue an ATM card to my account. I agree that I will be liable for all charges incurred through the use of this card. I understand that my application can be declined by the Mombasa Port Sacco without giving reasons to the extent permitted by law.

Signed: ..... Date.....

**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.

Signed: ..... Date.....

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

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**FOR OFFICIAL USE ONLY**

Date of Admission to the Society: .....Allocated Membership Number: .....

Registration processed by: ..... Date ..... Sign .....

Registration approved by .....Date.....Sign.....

**REQUIREMENTS FOR MEMBERSHIP REGISTRATION**

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