



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

JOINT ACCOUNT 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.

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.....

1st Signatory NameID No.....Sign..... Date.....

2nd Signatory NameID No.....Sign..... Date.....

3rd Signatory NameID No.....Sign..... Date.....

4th Signatory NameID No.....Sign..... Date.....

Witnessed by..... Member No..... Sign.....Date.....

Signing Instructions

All to sign two to sign one to sign

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

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

Name.....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.

Name Signed:Date.....

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

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

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

FOR OFFICIAL USE ONLY

Date of Admission to the Society:Allocated Membership Number:

Registration processed by: Date Sign

Registration approved byDate.....Sign.....

REQUIREMENTS FOR MEMBERSHIP REGISTRATION

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

