



WATAALAMU SACCO SOCIETY LTD

P.O. BOX 108- 00600, NAIROBI.

TEL: 0740910942

RIARA CORPERATE SUITS, NGONG ROAD

SACCO Member Registration Form

Personal Information:

Full Name(as in your ID)			
ID/Passport Number:		Date of Birth:	
Member Number		KRA PIN:	
Phone Number:		Marital Status:	
Postal Address		Physical Address:	
Email Address:			
Signature:			

Employment Information:

Employer Name				Location:	
Position:					
Monthly Income Bracket (Ksh)	0-50,000 <input type="checkbox"/>	51,000-100,000 <input type="checkbox"/>	101,000-150,000 <input type="checkbox"/>	Above 150,000 <input type="checkbox"/>	
Employment Status	Full-time <input type="checkbox"/>	Part time <input type="checkbox"/>	contract <input type="checkbox"/>		

Self-Employment information:

Name of Business:				Location	
Monthly Income Bracket (Ksh)	0-50,000 <input type="checkbox"/>	51,000-100,000 <input type="checkbox"/>	101,000-150,000 <input type="checkbox"/>	Above 150,000 <input type="checkbox"/>	

Bank Details:

Bank Name					
Account Number					
Bank Branch					

Next of Kin:

Full Name:				Relationship:	
Phone Number:				Address:	

Declaration:

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that false information provided may result in the termination of my membership with the SACCO.

Signature: _____ Date: _____

Wataalamu Sacco, Riar Road, Riar Corporate suites, 3rd Floor.