



HAZINA SACCO SOCIETY LTD

P.O. BOX 59877. NAIROBI: TEL: 020-2722106/2719098/2428634. Wireless: 020-2150238 /2428634
Mobile: 0712149631. FAX: 020-2729187/ 2428634. Email.info@hazinasacco.or.ke

APPLICATION FOR MEMBERSHIP/ENROLMENT

I, Dr/Mr/Mrs/Miss.....
Apply to be considered for enrolment in the Hazina SACCO Society ltd with effect from
.....and attached herewith find a form for authority for salary deductions.

A: PERSONAL PARTICULARS

M F

FULL NAME.....
DATE OF BIRTH DESIGNATION.....
MINISTRY/ORGANISATION.....
PERSONAL NUMBER..... ID/NO.....
DATE OF APPOINTMENT.....
TERMS OF SERVICE.....
HOME ADDRESS.....
DATE..... STATION..... ADDRESS.....
E-MAIL.....MOBILE.....
OFFICE TELEPHONE.....EXT.....
HAVE YOU BEEN A MEMBER OF HAZINA BEFORE? IF YES GIVE P/NO.
.....DATE/YEAR OF WITHDRAWAL.....
HAVE YOU BEEN A MEMBER OF ANOTHER SACCO SOCIETY? IF YES GIVE NAME OF
SACCO.....
DATE OF WITHDRAWAL.....

I agree to conform/abide with the By-Laws and any amendments thereof.

Signature.....

Date.....

***Please provide all the information required to enable quick action.**

RECRUITED BY:NAME.....P/NO.....BRANCH.....

B: AUTHORITY FOR SALARY DEDUCTIONS

I, Dr/Mr/Mrs/Miss.....
Authorise you to deduct my monthly salary Kshs.
Pay to the Hazina SACCO Society ltd with effect from the month of
20..... until further notice.

SIGNATURE.....
P/NO.....
ID/NO.....

C: FOR OFFICIAL USE ONLY

CHECKED BY.....SIGNATURE.....
DECISION (BOARD).....
SIGNATURE.....DATE.....

NOTE:

- **Please attach your current payslip and copy of national identity card**
- **It is very important that your nominee card is filled and forwarded together with the enrolment form for safe custody.**
- **Nominee cards are available at the society office. You can change nominee whenever it becomes necessary by filling and submitting to the office a nominee card to replace the previous one. The office shall acknowledge receipt of each card.**
- **Attach two passport size photographs for your membership card and the file copy.**