



IMARISHA SACCO SOCIETY LTD.

HIGHWAY, KERICHO/NAKURU ROAD, NEXT TO NATIONAL BANK OF KENYA
P.O. Box 682 - 20200, KERICHO. Call Centre: +254 709 578 000
Email: diaspora@imarishasacco.co.ke Website: www.imarishasacco.co.ke

MEMBERSHIP APPLICATION FORM (DIASPORA)

I hereby make an application for membership in the society and agree to conform to the By-Laws and any amendments thereof, and I will pay an enrollment fee, deposit, and welfare contribution of USD 200.00.

TYPE (FOSA ACCOUNT) Individual Joint

Applicant Photo

(In the case of a joint account each individual to fill a form)

APPLICANT DETAILS:

First Name..... Last Name:

Given NameCountry of Residence.....

Identification Document: Passport National ID Passport/ID Number:

Gender Male Female Date of Birth:

Home address:..... State/City.....

Zip Code..... Email address.....

Cell Phone No:

EMPLOYMENT / BUSINESS DETAILS: Salaried Self Employed Student

Name of Employer: Occupation/Designation.....

Employment Date:

Employment Terms: Full time Contract If Contract, Expiry Date:

Employer Address (Specify): Country..... City.....

Town.....

Zip Code..... Email address..... Office Telephone No:

STUDENT

School Name: Student ID No.: Graduation Date:

NEXT OF KIN (NOMINEES):

1. Names: Relationship with Applicant:

Phone Number: Date of Birth: Gender: Male Female

Physical Address: Country..... City.....

Town..... Zip Code..... Email

address.....ID No:

2. Names: Relationship with Applicant:

Phone Number: Date of Birth: Gender: Male Female

Physical Address: Country..... City.....

Town..... Zip Code..... Email

address.....ID No:

REFEREE IN KENYA:

Names:

Phone Number: Gender: Male Female

Physical Address: County..... Sub-County.....Town.....

Postal Code..... Email address..... ID No:

ONLINE SERVICES:

Mobile App NO YES Members' Portal YES NO

Online Banking NO YES

I authorize Imarisha Sacco Society Limited to register this account for mobile and online banking.

ATM/ M-IMARISHA

ATM

M-Imarisha

Declaration by Applicant: I hereby apply for M-IMARISHA service from Imarisha Sacco Society Limited using mobile No. I declare that the information given above is true and complete and I authorize you to make inquiries in connection with this application. I understand that Imarisha Sacco Society Limited shall not be responsible in case of loss of PIN/PHONE number. I agree that I am liable for all charges incurred through the use of the service.

APPLICANT DECLARATION

By appending my initials on the statements i) to iv) below, and signing the space provided, I declare that:

- i). The information given above is true to the best of my knowledge.
- ii) I give authority to Imarisha Sacco Society Ltd/Agent to check my Credit Score when I need a credit facility, upon signing consent authorization form.
- iii). All copies of documents I provide must be verified either by a Notary Public, or an Appointed Imarisha Sacco Society Ltd agent.
- iv). I give authority to Imarisha Sacco Society Limited to enroll me for online services (Members' portal, Internet banking and SMS)

Applicant's signature:

Date:

**Signed in the presence of:
Imarisha Sacco Society Agent:**

Name:

Membership No. Signature:

Address:

Date:

FOR OFFICIAL USE ONLY

ID/ Documents Authenticated:

Photo Authenticated

M/No..... FOSA A/C No.....

Stamp/Date:

Authorizing Official Name:

Signature: