

## MEMBERSHIP APPLICATION FORM

### Application Details

|                               |        |       |         |            |          |  |               |
|-------------------------------|--------|-------|---------|------------|----------|--|---------------|
| Full Names:                   |        |       |         | Gender     |          |  |               |
| National ID/ Passport Number: |        |       |         | KRA Pin No |          |  |               |
| E-Mail address:               |        |       |         | Phone No   |          |  |               |
| P.O. BOX:                     |        | Code: |         | Town       |          |  |               |
| Residence Address:            |        |       |         |            |          |  |               |
| Source of income              | Salary |       | Pension |            | Business |  | Other Specify |

### Employment Details

|                        |       |                    |  |  |  |
|------------------------|-------|--------------------|--|--|--|
| Employers Name:        |       | Date of Employment |  |  |  |
| P.O. BOX:              | Code: | Town               |  |  |  |
| Postion in Employment: |       | Staff / Payroll no |  |  |  |

### Business Details

|                         |                |  |                    |  |             |  |                   |  |
|-------------------------|----------------|--|--------------------|--|-------------|--|-------------------|--|
| Business Name           |                |  |                    |  |             |  |                   |  |
| Business Monthly Income |                |  |                    |  |             |  |                   |  |
| Business sector         | Transport      |  | Financial Services |  | Hospitality |  | Wholesale/ Retail |  |
|                         | Education      |  | Agriculture        |  | Tourism     |  | Consultancy       |  |
|                         | Other Specify: |  |                    |  |             |  |                   |  |

### Remittance

Proposed monthly contribution (KES)  Effective Start Date (DD/MM/YY)

Amount in words

|                 |           |  |              |  |                |  |                  |  |
|-----------------|-----------|--|--------------|--|----------------|--|------------------|--|
| Mode of Payment | Check off |  | Direct Debit |  | Standing Order |  | Paybill (M-PESA) |  |
|-----------------|-----------|--|--------------|--|----------------|--|------------------|--|

### Applicant to attach the following documents

- A copy of National Identity Card or passport.
- Passport size photo.
- KRA PIN Certificate Copy.
- For non-check-off individuals attach 3 months bank/ MPESA statement.
- Attach Proof of payment.

## PPSACCO MEMBER NOMINEE (Per By-Laws)

Pursuant to the by-laws of Planned Parenthood Cooperative Savings and Credit Society Limited.

I \_\_\_\_\_ hereby nominate the person/s in the table below to receive the monies outstanding to the credit of my share, deposit accounts and any other benefits in the said Society at my death, less any indebtedness owed by me to the Society.

| Nominee Name ( Full Names) | Nation ID/No<br>Passport/No | Mobile Number | Relationship | % of Deposits |
|----------------------------|-----------------------------|---------------|--------------|---------------|
|                            |                             |               |              |               |
|                            |                             |               |              |               |
|                            |                             |               |              |               |
|                            |                             |               |              |               |
|                            |                             |               |              |               |

### Declaration

I declare that all the information provided above is true to the best of my knowledge and undertake to abide by the By-Laws of PPSACCO Society Ltd.

Applicant's Signature.....Date.....

Introduced /Referred by: (should be a current member of Planned Parenthood Sacco Ltd.)

Name  Member No.

Mobile/ Email

Signature  Date

| FOR PPSACCO OFFICIAL USE                    |                   |              |
|---|-------------------|--------------|
| <b>Membership Approved by:</b>              |                   |              |
| <b>Name:</b>                                | <b>Signature:</b> | <b>Date:</b> |
| <b>Name:</b>                                | <b>Signature:</b> | <b>Date:</b> |
| <b>Member admission date:</b><br>(DD/MM/YY) |                   |              |
| <b>Data Captured by:</b>                    |                   |              |
| <b>Name:</b>                                | <b>Signature:</b> | <b>Date:</b> |

Cc - Treasurer, PPSACCO



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