JUMBO SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

COMPLETE THIS FORM IN BLOCK/CAPITAL LETTERS

1. APPLICATION FOR MEMBERSHIP

The Hon. Secretary
P.O. Box 30376 – 00100
NAIROBI

I hereby make an application for membership and agree to conform to the Society's By-Laws and amendments thereof.

Full Names: Mr. / Mrs. /Ms……

Date of Birth……ID No……..Employer……..……... Department……

Station…….Official Designation…….Payroll No……

Present Address…….. Tel. No……

Home Address……

I wish to transfer my shareholding KShs……from my current society. Name of the current Society (if applicable): ……

OR,
I hereby authorize you to deduct KShs……as savings contributions from my monthly salary payable to The Jumbo SACCO Society Ltd., with effect from …….. 20…….. until further notice.

Signature of Applicant…….. Date ……..

2. NOMINATED NEXT OF KIN

I, the undersigned, in the event of my death whilst a member of the Society, hereby instruct the Society to pay all amounts due to me less any debts to the person named in this section. I understand that I may alter the name of the nominated next of kin by filling a subsequent Nominated Next of Kin Form. {*The name of the nominee can also be given in a sealed letter.*}

Nominated Next of Kin (Full Names) ……ID No……

Relationship to the Applicant……Address and/or Other Contact Details of Next of Kin

……

Witnessed by:

Name of Witness …… *Applicant's Signature*……

Signature of Witness……. *Date*…….....

3. FOR SOCIETY USE ONLY

Date of Admission to Membership ……. First Deduction Due…….

Membership Register No…… Recorded by Management Committee on…….. ……

Official's Signature ……..Minutes No/Date……

JUMBO SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD

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Email: jumbosacco@yahoo.com | info@jumbosacco.com | Web: www.jumbosacco.com

DISCLOSURE OF ACCOUNT INFORMATION TO THIRD PARTIES

Jumbo Sacco will keep all your personal data confidential. However, in order to serve your needs and provide you with the services you require, we may share any information you provide to us with our subsidiary company, agents and service provider. We will ensure that if we share such information with third parties, any such disclosure is at all times in compliance with our Data Protection Policy and the law.

I hereby authorize the Sacco to use My/Our contact details to send information about products and services including but not limited to offers and promotions which may be of interest to me/us. The Sacco may do this by phone, post, email, text or through other digital media.

I confirm having understood that my/our personal information provided in this application form shall be processed in accordance with the provisions of the Data Protection Act, 2019 or all other applicable laws as may be amended from time to time, on this day ___ month __ year _____.

Name**:_____Signature: _____ ID Number_____ Date: ___**

FOR OFFICIAL USE ONLY

Witnessed by: Name: _____Signature: _____Date: _____