

BLUCON SACCO SOCIETY LTD

P.O. BOX 744-00204 Athi River | **Head Office:** Namelock Plaza, Ground Floor, Kitengela | Tel: +254-720 301142 / +254-729 257343
Loans queries: 0729 257343 | **Credit Officer/ Loan recovery:** 0729 257343 | **Finance queries:** 0720 301142 / 0723 927087
Email: bluconsacco@gmail.com **Website:** <http://www.bluconsacco.com>

BLUCON SACCO MEMBER'S REGISTRATION FORM

I hereby make application for membership of the society and agree to abide by the By-Laws and any amendment thereof, in the Blucon Savings and Credit Co-op Society Ltd.

MANDATORY DOCUMENTS REQUIRED:

1. Applicant's ID/Passport copy
2. Applicant's Passport size photo (WRITE NAME AT THE BACK) (2 copies)
3. Copy of next of kin's ID/passport/birth certificate in case of minors
4. Next of kin's passport size photo (WRITE NAME AT THE BACK)

MEMBER DETAILS (USE BLOCK LETTERS)

Full Name..... ID/Passport No..... Date of Birth.....
Email Address..... Postal Address..... Code..... Town.....
Phone number..... Region/Residence..... Gender.....
Marital Status..... PIN NO.....

BANK DETAILS

Bank Name..... Branch..... Account No.....

EMPLOYER DETAILS

Employer's Name..... Position..... Address..... Code.....
Physical location..... Telephone Number.....

NEXT OF KIN DETAILS

	Full Names	ID/Passport/ Birth Cert No.	Phone No.	Email Address	Relatio nship	Alloc ation %
1						
2						
3						
4						

NOTE: Should any of the above details change, Please inform us immediately

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

Please Note; CASH PAYMENTS TO BE MADE DIRECTLY TO THE BANK (BELOW) AND THE SLIP PRESENTED WITH THIS APPLICATION FORM

KENYA COMMERCIAL BANK | Kitengela Branch | Account Number: **1180736893**

OFFICIAL USE ONLY

KES 1,500- Entrance Fees paid on..... Membership Admission date..... Receipt No.....

Allocated Member number.....

Approved by; (Name)..... Sign..... Date.....