

Passport Size
Photo



FODYA SACCO MEMBERSHIP FORM

1. PERSONAL DETAILS

Full Name: _____ Date of Birth: DD /MMM/YYYY

Marital Status: Married Single Divorced Widowed Other

Spouse Name: _____ Gender: Male Female Other

Country of Origin: _____ Nationality: _____

Mobile Number: _____ Telephone Number: _____

Email Address: _____

2. EMPLOYMENT DETAILS

Employee Code:

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 Date of Employment: DD/ MMM/ YYYY

Company Name: _____ Department Name: _____

Job Title/Position: _____

3. ADDRESS INFORMATION

Postal Address: _____

Permanent Address

Village _____ Traditional Authority(T/A): _____

District: _____

Physical Address

District: _____ Location: _____

4. NEXT OF KIN

Full Name: _____ Postal Address: _____

Mobile Number: _____ Telephone Number: _____

Email Address: _____ Relationship Type: _____

5. IDENTIFICATION DETAILS

Identity Type: Driving License
 Passport
 Voter Registration Card
 Other

ID Number:

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Issued Date: DD / MMM/ YYYY

Expiry Date: DD / MMM/ YYYY

Specify: _____

Issuing Authority: _____

6. UTILITY DETAILS

Utility Account Name: _____

Utility Account Number:

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Physical Location: _____ Utility Provider: _____

7. QUALIFICATION DETAILS

Qualification: _____

Obtained from: _____

Year obtained: _____

8. CONTRIBUTION DETAILS

Current/Savings Account

Monthly Contribution Amount: _____ Deduct from Salary

Shares Account

Monthly Contribution Amount: _____ Deduct from Salary

THIS SECTION IS OPTIONAL, IT APPLIES TO EXTERNAL PAYPOINTS

(Fill this section if you would like to use a bank or mobile money for transactions)

8. BANK PAY POINTS

Bank Name: _____

Branch Name: _____ Account Type: _____

Account Name: _____

Account Number:

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 Distribution %age: _____

9. MOBILE WALLET

Mobile Money Provider: _____

Telephone Number: _____

Member Signature _____ Date: DD / MMM/ YYYY

THIS SECTION IS FOR CUSTOMERS REGISTERING AS A GROUP OR AN ORGANISATION

10. DIRECTORS

Director Name: _____

Position/Job Title: _____ Appointment Date: DD / MMM/ YYYY

Director Name: _____

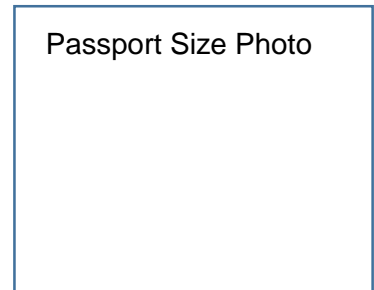
Position/Job Title: _____ Appointment Date: DD / MMM/ YYYY

11. AUTHORISED SIGNATORY

Signatory Name: _____

Registered Date: DD / MMM/ YYYY

Signature: _____



Signatory Name: _____

Registered Date: DD / MMM/ YYYY

Signature: _____

