



# MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE IN BLOCK LETTERS OR TICK (✓) APPROPRIATE BOX UNLESS OTHERWISE INDICATED

Please Attach A Copy of ID Card Or Passport

ACCOUNT NO:

## APPLICANT DETAILS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ID No: \_\_\_\_\_ Personal /TSC No: \_\_\_\_\_ Phone no: \_\_\_\_\_

Gender: Male

☐

Female

☐

Marital Status: \_\_\_\_\_

## PHYSICAL ADDRESS

County: \_\_\_\_\_ Sub County: \_\_\_\_\_ Ward: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Email: \_\_\_\_\_

## EMPLOYMENT DETAILS

Employer: \_\_\_\_\_ Work Station: \_\_\_\_\_

Designation: \_\_\_\_\_

Employment terms: Permanent

☐

Contract

☐

Expiry of contract: \_\_\_\_\_

## SELF EMPLOYEMENT

Name of the Business: \_\_\_\_\_ Location of the business: \_\_\_\_\_

Nature of the Business: \_\_\_\_\_

## REFERRED BY

☐ Referral Member Name: \_\_\_\_\_ Personal /TSC No: \_\_\_\_\_

☐ Self

## MOBILE BANKING

Do you wish to register for Mobile Banking? YES ☐ NO ☐

## NEXT OF KIN DETAILS

Nominated next of kin name	Relationship	ID No. if Minor Indicate C/O	Mobile No.

**TRANS ELITE COUNTY SACCO LTD.**

Address; P.O. BOX 547 -30300 KAPSABET, Email; [info@tecsacco.co.ke](mailto:info@tecsacco.co.ke) Web; [www.tecsacco.co.ke](http://www.tecsacco.co.ke)

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## CONSENT

I \_\_\_\_\_ unequivocally consent that my personal data, collected in connection with such terms and conditions, may from time to time be used and disclosed for such lawful purposes and to such persons as may be in accordance with the Trans Elite County Sacco's prevailing Privacy Policy, and the relevant laws, as amended from time to time. For detailed terms and Conditions, visit <https://www.tecsacco.co.ke/download/data-privacy-policy/>

Do you consent to data processing YES ☐ NO? ☐

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## REMITTANCES

I hereby authorize you to deduct KES. \_\_\_\_\_ Monthly Shares Contribution from my Salary and/or any other mode of Remittance and pay Trans Elite County SACCO Ltd with effect from the month of \_\_\_\_\_ until further notice.

## DECLARATION

I declare that all the particulars given by me are true. I confirm that I have read the terms and conditions governing the opening, operating and closure of membership and related channels of Trans Elite County Sacco Ltd and agree to be bound by them

## OFFICIAL USE ONLY

Verified and Recruited By: \_\_\_\_\_ Date: \_\_\_\_\_

Computation By: \_\_\_\_\_ First Deduction and Month: \_\_\_\_\_

Account Opened By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Sacco Stamp: \_\_\_\_\_

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