JCSCS.F.1/2025

JOGOO DT SACCO SOCIETY LIMITED

MEMBERSHIP APPLICATION FORM

Commodore Office Suites Off Ngong/Ring Road Kindaruma Road P.O. Box 56074-00200
07090 27600/ 0721 694 851 Calls only / 0711 454 535 SMS & WhatsApp Only
Email: info@jogoosacco.coop / jogoosacco@yahoo.com

Attach 2
Passport photos

Please complete in BLOCK LETTERS. This form is complete when attached: One recent coloured passport Photograph, Copy of National ID/Valid Kenyan Passport/Alien ID and a Copy of KRA PIN.I hereby make an application for membership and agree to conform to Jogoo DT Sacco Society Ltd's By-Laws and any amendments thereof.

SECTION A : APPLICANT'S BIO-DATA

Mr./ Ms. Others (Specify)	Gender: Male ☐ Female ☐ Other ☐
Name (as per National ID):	
TYPE OF MEMBERSHIP: Shariah Membership ☐ Normal Membership ☐	
ID/Passport No: ☐☐☐☐☐☐☐☐☐ Date of Birth: D D M M Y Y Y Y	
Nationality:	Marital Status:
County of Residence:	Postal Address: Code:
Primary Mobile Number:	Other Number:
KRA PIN: ☐☐☐☐☐☐☐☐☐☐ Email:	

SECTION B : OCCUPATION DETAILS

Employed: ☐	**Self Employed/ Biashara:** ☐
Employer:	Business Type:
Employers Address:	Business Address/Location:
Workstation:	
Personal Number:	

SECTION C : REMITTANCES

Proposed Monthly Contributions

Share capital (Kes.)_____ Amount in Words _____

Deposits (Kes.)_____ Amount in Words _____

Jomeis (Kes.)_____ Amount in Words _____

Proposed mode of remittances: Check Off ☐ Direct Debit ☐ Standing order ☐ MPESA ☐

Others (Specify) _____ With effect from the month of..... 20. ..... until further notice.

SECTION D : INTRODUCED BY

Please specify on how you came to know/ learn about the Sacco:

Jogoo Sacco Staff ☐	Name:	Staff No.
Existing Member ☐	Name:	Member No.
Others (Please Specify):		

JOGOO DT SACCO SOCIETY LIMITED

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SECTION E: NEXT OF KIN DETAILS (To be contacted in case the member cannot be reached)

SNO	NAME	NATIONAL ID/ PASSPORT NO.	RELATIONSHIP	TELEPHONE NO.

SECTION F : E-CHANNELS ENROLLMENT

I hereby request to be enrolled for the selected services:

Mobile banking ☐ Sacco link VISA Card ☐ Fosa Account ☐

Name:	National ID:	Mobile No.

Please note that Mobile Banking Mobile Number MUST match your Primary Mobile Number provided in section A.

SECTION G : SPECIMEN SIGNATURE AND 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 e-channels of Jogoo DT Sacco Society Ltd and agree to be bound by them. I further unquestionably 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 Jogoo Sacco's prevailing Data Protection Policy and the relevant laws, as amended from time to time. For detailed terms and Conditions, visit www.jogoosacco.coop.

NAME ☐ SIGNATURE ☐ DATE ☐

SECTION H : FOR OFFICIAL USE ONLY

The Application has been approved under the following membership category:

NORMAL MEMBERSHIP: ☐ SHARIA MEMBERSHIP: ☐

Data Captured and File opened By:	Signature:	Date:
System Approval By:	Signature:	Date:
Assigned Member Number:		
E-channels Opened and Approved By:	Signature:	Date:

JCSCS. F. 2/2023

Jogoo Deposit Taking (DT) Sacco Society Ltd.

J0GOO DT SACCO SOCIETY LTD

Commodore Office Suites Off Ngong/Ring Road- Kindaruma Road P.O. Box 56074-0020

020 232 3919 / 020 232 4418 / 0721 694 851 Calls only / 0711 454 535 SMS & WhatsApp Only

Email: info@jogoosacco.coop

NOMINATION FORM

I……IDNO……..……MEMBER No…….....

of Post Office Box……code ..... , member of **Jogoo savings and credit Co-operative Society ltd;** hereby nominate the following nominee(s) to inherit my shares or interest in the said Society in the following ratios.

S/ NO	NAMES	ID NO/Birth Cert No.	Phone number	Relationship	% of Share
1					
2					
3					
4					
5					
6					

GIVEN UNDER MY HAND THIS ……DAY OF……..……...20…….....

MEMBER SIGNATURE……...

Witnessed by:

(1) NAME…… Mobile…...….....

Email …… ID No…….…….....Signature…….…….

(2) NAME…..…… Mobile ……...……...…..

Email……...ID No……Signature…….…….

THE FORM MUST BE FULLY FILLED BY THE MEMBER