



I hereby make an application for membership of the society and agree to abide by the By-laws and any amendments thereof, in the Raa Elites Sacco Society Ltd.

- One copy of the applicant's ID
- One recent passport size photograph of the applicant
- One recent passport size photograph of the next of kin
- One copy of next kin's ID or Birth Certificate (in case of minor)
- Membership Registration Fee Kes. 300

### a. APPLICANT'S DETAILS

Surname*:	Other Names*:	Sex*: M____F____
Date of Birth*:	Marital Status*:	Occupation:

Postal Address*	Postal Code*:	Town/City
Telephone*:	Next Contact Person*:	Email Address:

Residential Area*:	Street/Building/Estate:	House Number:
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P.O Box	Postal Code:	Town/City:
Location:	Sub location:	Village/ estate

ID No*:	Place of Issue:	KRA PIN:
Passport No.	Date of Issue:	Expiry Date:

Raa Elites Sacco Society Ltd.      Membership Application Form.      “Financing Your Dreams”

## 2. EMPLOYMENT INFORMATION

### a. Employer Details

Name Employer:	Department	Payroll No.:
Station:	Location	Emp. No.:
Terms of Employment (Permanent/Contract)		Expiry of Contract:

**b. If Self Employed (To be completed by a business person applicant)**

Business Name:	Street/Building/Estate:	Office Number:
Nature of Business:		

**c. Source of Funds (Check whichever is applicable)**

Salary	Business	Pension
Others: (Specify)		

**d. Estimated Monthly Income Levels (Tick as appropriate)**

0.00-20.000.00	20,001.00-50,000.00	50,001.00-100,000.00	Over 100,0000.00
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### 3. PRODUCT DETAILS

Preferred SACCO Account Type: (Tick as appropriate)

### a. Share Capital

Institutional Capital Contribution: Kes	Reference No:
No. of Shares Applied for:	Amount (Value): Kes.
Daily/ Weekly/ Monthly Contribution: Kes	

**b. Savings Account**

Membership Fee: Kes	Reference No:
Monthly Deposit: Kes	Amount in Words:

### c. Investment Accounts

Money Market Account <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>	Fixed Deposit Account <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>
Other (Specify): <input style="width: 90%; height: 20px; border: 1px solid black;" type="text"/>	

[illegible]

#### 4. NOMINEES / NEXT OF KIN

1.*Name:	ID No.	Relationship:
Phone:	P.O Box	Percentage (%)
2.Name:	ID No.	Relationship:
Phone:	P.O Box	Percentage (%)
3.Name:	ID No.	Relationship:
Phone:	P.O Box	Percentage (%)
4.Name:	ID No.	Relationship:
Phone:	P.O Box	Percentage (%)

## 5. PERSONAL DECLARATION

I \_\_\_\_\_ confirm that I am capable of operating an account independently as a member of RAA Elites Sacco Society Ltd, and that the information provided is true and complete and I agree that they shall form part of my application.

## 6. INFORMATION COLLECTION STATEMENT

RAA Elites is committed to protecting your personal data. We collect, use and retain your personal data in accordance with the Data Protection Act 2019 and our own policies and procedures. We collect your personal data to assess your application and to provide you with competitive market driven products.

We may disclose the personal data we collect to third parties for and in connection with such purposes, including contracted service providers engaged by us to deliver our services or carry out certain business activities on our behalf or where we are required to by law.

Your consent to us using and disclosing your personal data is as set out above. This consent remains valid until you alter or revoke it by providing a written notice to RAA Elites Sacco.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## 6. VERIFICATION/APPROVAL - Official Use Only

**a. Membership Category (Tick as Appropriate)**

Corporate		Business		Individual		Group		Others (Specify)	
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**b. Member Recruited by:**..... **Sacco Mno:**.....

c. Membership created by:.....

**d. CEO/Manager's Signature and Stamp**\_\_\_\_\_

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