

CHAI SAVINGS & CREDIT CO-OPERATIVE SOCIETY LIMITED

Chai House, Ground Floor, Koinange Street
P.O. Box 278-00200 City Square Nairobi-Kenya.

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DEPOSIT COVER MEMBERSHIP FORM

A. PRINCIPAL MEMBER PERSONAL AND EMPLOYMENT DETAILS

Surname:	Other Names:	Membership No:
Date of Birth:	ID/No:	KRA PIN:
Mobile No:	Email address:	Branch:

(i). IF EMPLOYED

Employer:			
Terms of Service:	Permanent <input type="checkbox"/>	Contract <input type="checkbox"/>	Others <input type="checkbox"/>
If Contact/Temporary for what period:	<input type="checkbox"/> Months	<input type="checkbox"/> Years	
Date of Employment:	Designation:		
Payroll/Employment No:	Department:		

(ii). IF BUSINESS.....

(iii). IF FARMER.....

MODE OF PAYMENT

Check off <input type="checkbox"/>	Cash <input type="checkbox"/>	Other <input type="checkbox"/>
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• **DETAILS OF DEPENDANTS:**

(PLEASE LIST ONLY YOUR SPOUSE, BIOLOGICAL/ LEGALLY ADOPTED CHILDREN)

	Names in full	I.D Number (Where applicable)	Date of Birth (dd/mm/yy)	Relationship (Spouse, Biological or Adopted Child)
1				
2				
3				
4				
5				

Note: For adopted children, attach proof of adoption i.e. Supporting documentations

TERMS AND CONDITIONS FOR FUNERAL AND DEPOSIT COVER.

- Age Covered – At entry- Spouse Max 75 years, Child Min 6 Months. Exit- Spouse Max 85years, Child Max 18 -25 years if child still a dependant of principal.
- Monthly contribution is a Mandatory to all Members

I..... have read, understood, and do hereby certify and confirm that the above information is true and correct and that in the event of any changes I will notify the Society in writing within 14 days. Any information subsequently discovered as false will make me forfeit my claims.

Signature:_____Date:_____

Witnessed by _____ID:_____Signature:_____Date:_____