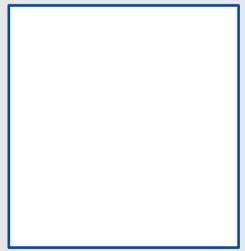


Concorde Regulated Non-WDT Sacco Society Ltd

Centenary House, 3rd Floor Off Ring Road Westlands,
P.O. Box 10690 - 00100 -Nairobi, Kenya
Office Cell: 0700 552 588 / 0725 800328
info@concordesacco.com
www.concordesacco.com



Attach Passport Size Photo
and a Copy of ID/PP

Membership Application Form

I do hereby request to be admitted into the membership of Concorde Co-operative Savings and Credit Society Ltd
and do agree to abide by all the By-laws and / or any amendments thereof:

Applicant's Details *(In Block Letters)*

Full Name.

Mobile No. Tel No

*Date of birth (dd/mm/yy) Marital Status Gender

Present Address KRA PIN

*ID/passport No. E-mail address

*Home /permanent address Religion

District Location

Section One: Employment Details *(To be completed by an employed applicant)*

Employer Employers address

Position in Employment Workstation

Date of appointment

Section Two: Business Details *(to be completed by an individual applicant)*

Business Name Business Address

Nature of Business

Business Location

Sources of Income :

Salary income Pension income Others (specify)

Preferred Monthly Contribution Amount in words
(Minimum Ksh.2,500.00)

Proposed mode of remittances: Check Off Standing Order Direct Debit Other (Specify)

*Effective date (dd/mm/yy)

FOR OFFICIAL USE ONLY

Date of admission to membership.....
Membership number allocated.....

BENEFICIARY NOMINEE INFORMATION

Name	ID / No	Relationship	Contacts Address/Tel	Date of Birth	%

If any of the above mentioned person(s) has not attained the age of majority (18 years) the section below must be completed naming a guardian(s) who must be over 18 years of age.

Name	ID / No	Relationship	Contacts Address/Tel

REFEREE

(To be filled by the member introducing the applicant)

I Membership No.

Confirm that the applicant Mr./Mrs./Ms. is well known to me

and that he/she is capable of independently operating an account as a member of Concorde SACCO Limited. He / She is my
(wife/husband, son, daughter and Friend etc.).

Referees signature Date

NEXT OF KIN (TO BE CONTACTED IN CASE I AM UNAVAILABLE)

FULL NAMES	ID NUMBER	EMAIL ADDRESS	RELATIONSHIP	TELEPHONE NUMBER

BANK DETAILS

Bank Name Account No

Account Name Branch

CLIENT ID DATA SHEET

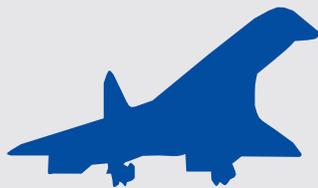
PLEASE FILL IN YOUR DETAILS IN CAPITAL (BLOCK) LETTERS, AND SIGN CLEARLY IN THE SPACE PROVIDED BELOW.

FIRST NAME	
MIDDLE NAME	
LAST NAME	
ID/PASSPORT NO.	
MEMBERSHIP NO.	
SIGNATURE	
Preferred T-Shirt Size (S,M,L,XL,2XL,3XL,4XL)	
How did you hear about Concorde Sacco? Tick One	Recommended by Friend or colleague <input type="checkbox"/> Social Media e.g Facebook, Twitter ,Insta, tiktok e.t.c <input type="checkbox"/> Search Engine e.g Google,Yahoo,Bing <input type="checkbox"/> Other(Specify) <input type="text"/>

OUR BANK ACCOUNT DETAILS

We do not accept cash payments. All payments to be made via M-PESA or Bank

ACCOUNT NAME:	CONCORDE SACCO SOCIETY LTD.
ACCOUNT NUMBER:	01120000543900
BANK:	CO-OPERATIVE BANK LTD.
BRANCH:	WESTLANDS
BANK CODE:	11
BRANCH CODE:	00011036
SWIFT CODE:	KCOOKENA
ALTERNATIVELY	MPESA PAYBILL NUMBER 522400



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TO BE COMPLETED BY MEMBERS ON CHECK-OFF

To the Accountant(Name of employer)
(address) of P.O. Box

AUTHORITY TO MAKE DEDUCTIONS FROM SALARY

IPay roll no.....

Do hereby authorize and request you to deduct from my monthly salary

The sum of shillings (in words)

Or ksh..... With effect from date.....

And to remit the same amount to concorde sacco until further notice.

Signature Date.....

For official use only

Membership number

Date of reception of instruction

Name of receiving officer

Position in society

Signature of receiving officer.....