



**MEMBER REGISTRATION FORM  
HOMABAY COUNTY WOMEN SACCO**

P.o.Box 396-40300 Homabay; cell: 0742 121075/ 0742 121175;  
email: homabaycountywomensacco@gmail.com

Registration fee Kshs:..... Receipt No:.....Group name.....  
M/ship no.....

**Personal information (attach copy of ID and KRA PIN)**

Surname ..... Middle name..... Other name(s).....  
Tel. no..... ID No..... KRA PIN:.....  
Postal address..... Email Address:.....  
Nationality..... Constituency..... Ward.....  
Location..... Sub-location..... Village.....

<b>Gender</b>	<b>marital status</b>	<b>Member's Education level</b>			
Male <input type="checkbox"/>	Single <input type="checkbox"/>	widowed <input type="checkbox"/>	Primary <input type="checkbox"/>	College <input type="checkbox"/>	
Female <input type="checkbox"/>	Married <input type="checkbox"/>	divorced <input type="checkbox"/>	Secondary <input type="checkbox"/>	others (specify) <input type="checkbox"/>	
	Separated <input type="checkbox"/>				

<b>Vocation classification:</b>	<b>Business Ownership</b>	<b>Source of starting capital</b>
Employed <input type="checkbox"/>	Sole proprietor <input type="checkbox"/>	Own savings <input type="checkbox"/>
Business <input type="checkbox"/>	Partnership <input type="checkbox"/>	Family gift <input type="checkbox"/>
Farming <input type="checkbox"/>	Family owned <input type="checkbox"/>	Bank Loan <input type="checkbox"/>
	Limited company <input type="checkbox"/>	Friend's loan <input type="checkbox"/>

**Business Type/Employer** ..... **Location**.....**From (date)**.....  
**Business/Employer Tel:**..... **Email:**.....

**Next of Kin / Nominated Beneficiary Details**

Full Names	ID Number or Birth Certificate if Minor	Relationship to member	Telephone Number	Percentage

**Benevolence/Sinking Fund Beneficiary Details** (In case of member's death, Sacco pays Kshs. 50,000/- for funeral arrangements, but for beneficiary nominated below, it will be Kshs. 30,000/-. Married members must indicate spouse)

Full Names	ID Number or Birth Certificate if Minor	Relationship to member	Mobile Number

**Member's Commitment**

I hereby apply to become a member of HBCWS and confirm that the information provided in this membership form is true. I have read the by-laws, other relevant policy, rules and regulations of the SACCO and I agree to abide by them totally, including monthly deposit contributions, shares purchase, monthly benevolent contributions and loan repayments. I willingly provide the above personal information and consent to its use as prescribed in the HBCW Sacco's Data protection Policy.

Signature of the Applicant..... Date.....

**Branch/ Umbrella Group’s commitment**

We the undersigned officials of the .....umbrella group accept the above mentioned person as a member of the Homa Bay County Women Sacco domiciled in .....Branch. We agree to provide him/her with enough support to enjoy the benefits of being a member of the Sacco through this branch. We jointly and severally accept any liabilities that may arise out of his/her membership in the HBCW Sacco.

Group Officials	Full names	Signature	Date
Chairman			
Secretary			
Treasurer			

**OFFICIAL USE ONLY**

Membership Number allocated: .....

- Member Information confirmed
- Member Identification details verified
- Member photograph & signature captured
- Member mobile phone details captured
- Next of kin & beneficiaries details captured.

	Name	Signature	Date
Operations Officer			
ICT Assistant			
General Manager			

Referee:..... Tel no: .....

*Documents to attach:*

1. Passport Photos (2)
2. Kenyan National ID (both sides)
3. KRA PIN
4. Map showing location of residence
5. Bank Card