



RAMCO GROUP SACCO

Together for Prosperity

Ramco Group Non- WDT SACCO Society Ltd
6th Floor, KCB Building, Garage Road, Industrial Area

P.O Box. 18639-00500 Nairobi

0718423941/0782190091

info@ramcogroupsacco.co.ke

www.ramcogroupsacco.co.ke

Membership Application Form

PLEASE COMPLETE IN BLOCK LETTERS OR TICK (✓) APPROPRIATE BOX UNLESS OTHERWISE INDICATED

Passport
photo

Member Number

A: APPLICANT DETAILS (as per ID or Passport)

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Prof. ☐ Hon. ☐ Other (Please Specify)

First Name: Surname: Other Names:

☐ ID No ☐ Passport No Nationality:

Mobile No: Email Address:

Postal Address: Code: County: Country:

Bank Account Name: Bank Account No:

Bank Name: Branch:

Nominated Next of kin Name:

Relationship of the Applicant: ID No:

Address of Next of Kin: Mobile No. of Next of Kin:

How would you like to receive your membership confirmation? ☐ Phone ☐ Email ☐ Both

B: MOBILE NUMBER REGISTRATION

Registered Safaricom M-Pesa number to facilitate efficient mobile banking services.

M-PESA Registered Number:

C: EMPLOYMENT DETAILS

Employer: Occupation:

Employee Position: Staff No:

Gross Oncome Per Month (Ksh): ☐ Below 100K ☐ 100-300K ☐ 300-500K ☐ 500K-1M ☐ 1M-3M ☐ Above 3M

Together for Prosperity

D: IF JOINING AS AN INDIVIDUAL FILL IN PHYSICAL LOCATION OF BUSINESS & POSTAL ADDRESS

Nature of Business e.g. Law firm, Tech firm, Advertising Agency:

Business Name: Physical Location of Business:

Business Email Address: Business Registration No:

Gross Income Per Month (Ksh): ☐ Below 100K ☐ 100-499K ☐ 500-999K ☐ 1M-3M ☐ Above 3M

E: REMMITANCE AUTHORIZATION

I hereby authorize you to deduct KShs. Monthly Deposits Contribution and KShs. Share Capital Contribution from my salary and/or any other mode of remittance and pay RAMCO SACCO Ltd with effect from the month of until further notice. Membership fee of KShs 1,000 will be deducted with the 1st deduction from payroll OR any other mode of remittance arrangement with the society.

F: WHO INTRODUCED YOU TO RAMCO SACCO?

Referral Member Name: Member No:

G: PREFERRED MODE OF PAYMENT?

☐ Employer (Check Off) ☐ Standing Order ☐ Lipa na M-PESA

H: REQUIRED ATTACHMENTS *(please tick and attach as applicable)*

☐ 1 Passport size photo ☐ Copy Of ID/Valid Passport ☐ KRA Pin Certificate

APPLICANT'S SIGNATURE: **DATE:**

FOR OFFICIAL USE ONLY

Input By

Signature

Date

Authorized By

Signature

Date