



**HEAD OFFICE**

Elimu House South 'B'  
Mubiru Road, off Daidai Road  
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**MEMBERSHIP REGISTRATION FORM**

I..... Employee of .....  
Box No..... County .....

**PERSONAL DETAILS**

ID Card No..... (Must attach photocopy of ID Card)  
Date of Birth..... Designation ..... Department .....  
Station..... Employer Telephone No.....  
Employer Email Address..... P/NO..... TSC No.....  
M/NO (In case of re-joining) ..... Present Address.....  
Town..... Telephone No..... Email Address.....

I authorize the employer to make deductions with effect from the month of .....

1. Registration fee Kshs.400.00 (**Payable once only**)
2. Monthly Deposits (Please Tick) Kshs. 500  1,000  1,500  1,750  2,000
3. Monthly non-refundable Benevolent Fund contribution of: -
  - a. Member Kshs 75.00 (**Compulsory**)
  - b. Spouse Kshs 75.00 – Yes  No  (**Optional**)
  - c. Child/Children Kshs 50.00-Yes  No  (**Optional**)
4. Monthly Sinking Fund Kshs 100/- (**Compulsory**)
5. Share Capital worth Kshs 12,000/- (**Payable over a period of five years**)

Nominee (Next of Kin) ..... Relation.....ID No.....  
Address..... Telephone No..... Email Address.....

**(Note: Nominee will be entitled to all benefits when the member dies)**

Name of Spouse.....ID NO.....Tel. No.....

Names of children between ages of one year to 18 years (If the answer is yes in number 3c above)

NAME	AGE
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....
5. ....	.....

**Declaration: - The information given above is accurate to the best of my knowledge. I agree to abide by the society's By-laws as may be reviewed from time to time.**

Signature..... Date.....

**FOR OFFICIAL USE ONLY**

Date of Admission.....Approved by .....

Member No.....

To Be A Beacon In The Sacco Business