



WE ARE ISO 9001:2015 CERTIFIED

KIMISITU SACCO PRE-MEMBERSHIPFORM (FOR NEW ORGANIZATIONS)

Name of Organization: (Herein after referred to as "The Organization")

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Postal Address: Physical Address:

Telephone: E-mail:

Name of Organization:

Non-Governmental Organization (NGO) International Organization Embassy/High Commission

Others (please specify)

.....

Date of registration: Total number of Staff:

OFFICE LOCATIONS OR BRANCHES:

LOCATION/ BRANCH	NO. OF STAFF

How did you know about KIMISITU?

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The organization does not object to its employees joining KIMISITU SACCO and hereby undertakes to remit members' monthly contributions and loan deductions directly to KIMISITU SACCO.

Signed on behalf of the organization by: Payroll Officer/ Human Resource Manager

Name:Designation:

Signature & Stamp:DATE:

FOR OFFICIAL USE ONLY

KIMISITU SACCO Membership Admission

Admission Approved

Declined:

Reasons for Declining:

.....

Membership No:.....Date Registered:.....

Signed on behalf of KIMISITU SACCO:

Name:Designation:

Signature:Date:

N/B:(Please attach your organization's copy of registration certificate and profile.)