



# WANA-ANGA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

Dagoretti Corner Ngong Road P.O. Box 34680 -00100 GPO NAIROBI TEL 020-3571108 .

E-mail [info@wana-anga.co.ke](mailto:info@wana-anga.co.ke) Web: [www.wana-anga.co.ke](http://www.wana-anga.co.ke)



FORM 1 Rev 2019

## MEMBERSHIP APPLICATION FORM

Please Read carefully before filling the form and note that Benevolent Fund is compulsory for the contributor but voluntary for the dependants. The qualifications and benefits are stated at the back of this form.

*(Kindly fill in Block and Capital letters.)*

### 1. PARTICULARS OF APPLICANT

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_ Sex \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ ID/Passport No(Please Attach): \_\_\_\_\_ Payroll No: \_\_\_\_\_

Employer: \_\_\_\_\_ Working Station: \_\_\_\_\_

Designation: \_\_\_\_\_ Terms of service(e.g Permanent,Contract): \_\_\_\_\_

Mobile No: \_\_\_\_\_ . KRA Pin No: \_\_\_\_\_ . E-mail address: \_\_\_\_\_

Residential Address: \_\_\_\_\_ County of Residence: \_\_\_\_\_

### 2. MEMBERSHIP TO MEDICAL COVER (WANAMECO)

#### NUMBER OF DEPENDANTS COVERED

	NAME	DATE OF BIRTH	MOBILE NO.	ID/BIRTH CERT NO. (ATTACH)	RELATIONS HIP	SEX (M/F)
1						
2						
3						
4						
5						
6						

### 3. MEMBERSHIP TO BURIAL/EXIT BENOVELENT FUND (WANAMBEFU/BBF/EBF)

#### NUMBER OF DEPENDANTS COVERED

##### 3.1 NUMBER OF DEPENDANTS COVERED

Children: \_\_\_\_\_ Spouse: \_\_\_\_\_ Parents: \_\_\_\_\_

**3.2 DETAILS OF DEPENDANTS**

	NAME	DATE OF BIRTH	MOBILE NO.	ID/BIRTH CERT NO.(ATTACH)	RELATIONS HIP	SEX (M/F)
1						
2						
3						
4						
5						
6						
7						

*N/B Please attach copy of National ID/Birth certificate*

**4. AUTHORITY TO MAKE DEDUCTIONS FROM SALARY**

I \_\_\_\_\_ of  
 (Ministry/Department/County?Employer)\_\_\_\_\_ hereby authorize you to deduct society membership fee of Ksh 1,000, monthly share contribution of Ksh\_\_\_\_\_.  
 Wanameco registration fee of Ksh\_\_\_\_\_ and monthly Wanameco contribution of Ksh \_\_\_\_\_.  
 EBF/BBF registration fee of Ksh\_\_\_\_\_ and monthly EBF/BBF contribution of Ksh \_\_\_\_\_.  
 From my salary with effect from the month of\_\_\_\_\_ until further notice.

**5. NEXT OF KIN** (Whoever to be notified incase you are unreachable)

Pursuant to the by-laws of this society and regulations of facilities, I hereby nominate \_\_\_\_\_ of ID number\_\_\_\_\_ Who is my (Relationship)\_\_\_\_\_ and of mobile number\_\_\_\_\_ as the next of kin on all matters pertaining to the Sacco and should be contacted at my demise.  
 (NB the nominee form is filled separately).

**6. DECLARATION**

I hereby declare that have read and understood the contents of this form. The information provided in this form are true to the best of my knowledge and belief. I agree to abide by the by-laws of the society and regulations of Wanaanga facilities (EBF/BBF, WANAMECO and any other facility) and any other variations by the Board of directors.

Signature:

Date: \_\_\_\_\_

Witness

- 1) Name:\_\_\_\_\_ Signature:\_\_\_\_\_ Date:\_\_\_\_\_
- 2) Name:\_\_\_\_\_ Signature:\_\_\_\_\_ Date:\_\_\_\_\_

## 7. FOR OFFICIAL USE ONLY

THE APPLICATION HAS BEEN:

1. APPROVED

2. NOT APPROVED

MEMBER NO \_\_\_\_\_

REASON: \_\_\_\_\_

OFFICERS NAME: \_\_\_\_\_ SIGN \_\_\_\_\_ DATE: \_\_\_\_\_

## 8. NOTES:

### a) MEMBERSHIP

Any person who is:

- ✓ Eighteen years and above of age.
- ✓ Of good character and of sound mind.
- ✓ Is not a member of another SACCO with similar objectives and within the same area of operation

Benefits include:

- ✓ Savings through shares
- ✓ Getting loans and other credit facilities
- ✓ Annual dividend and rebates payment
- ✓ Legibility for membership to facilities

Contributions

Minimum monthly contribution is Ksh 1,000.

### b) WANAMECO(Medical Cover)

- ✓ All Wana-anga members are qualified to be members of Wanameco
- ✓ All Wana-anga can register their children below 22 years and 1 spouse.

Benefits include:

- ✓ Each member of Wanameco is entitled to a maximum of Kshs 40,000 annually for main contributor and Kshs 20,000 for dependant in case of in-patient.

Contributions

Registration fee Ksh 100 per member

Monthly contribution:

Self	Kshs 200
Dependants	Kshs 100 per dependant

### c) WANAMBEFU (EBF/BBF)

- ✓ All Wana-anga members are qualified to be members of Wanambefu.
- ✓ All Wana-anga members are automatically members of Wanambefu
- ✓ All Wana-anga can register their children below 22 years, 1 spouse and parents/parents-in-law.

Benefits include:

- ✓ Each member of Wanambefu is entitled to a maximum of Kshs 40,000 on retirement, Kshs 80,000 upon demise of main contributor and Kshs 20,000 upon demise of a dependant.

Contributions

Registration fee Ksh 100 per member

Monthly contribution:

Self	Kshs 200
Spouse	Kshs 100
Parents/Parents-in-Law	Kshs 100 per each
Children(Upto 22yrs)	Kshs 100 per child



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## NOMINEE FORM

To : The Chairman

I \_\_\_\_\_ ID/Passport number \_\_\_\_\_

Of telephone number \_\_\_\_\_ Postal address \_\_\_\_\_

Membership number \_\_\_\_\_ hereby nominate the following to inherit the benefits and amounts due to me by the society less any debt owed by me to the society in the following manner:

	NAME	ID/BIRTHCERT	RELATIONSHIP	% OF BENEFIT
1				
2				
3				
4				
5				
6				
7				

SIGNATURE: \_\_\_\_\_ DATE : \_\_\_\_\_

Witnessed by:

1. NAME: \_\_\_\_\_ ID/passport \_\_\_\_\_

Telephone no \_\_\_\_\_ Signature: \_\_\_\_\_

2. NAME: \_\_\_\_\_ ID/passport \_\_\_\_\_

Telephone no \_\_\_\_\_ Signature: \_\_\_\_\_



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LIMITED**

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Ref: WANA/ORDINARY/MEMBERSHIP

Date \_\_\_\_\_

**INTRODUCTION OF A NEW MEMBER TO THE SOCIETY**

I

Mr/Mrs/Mss/Dr \_\_\_\_\_

M/No \_\_\_\_\_ Id No \_\_\_\_\_ do hereby confirm that I know

Mr//Mrs/Mss/Dr \_\_\_\_\_ very well

and recommends him to be given membership in your Society.

He/She is working/based at \_\_\_\_\_

Kindly accord Him/Her the necessary support.

Signature \_\_\_\_\_ Date \_\_\_\_\_