



PCEA MURERA SACCO
P. O. BOX 1070
00232—RUIRU
TELE:

MEMBERSHIP APPLICATION FORM

A. APPLICANT'S PERSONAL INFORMATION

Applicant's Name			Member No.	
ID / PP No: -	Pin No: -	Gender: -	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Date of Birth: -	Place of Birth: -	Marital Status: -	Married <input type="checkbox"/>	Single <input type="checkbox"/>
Sub Location: -	Location: -	Ward:-		
Sub County: -	County: -	Estate: -		
House/Plot No: -			Owned <input type="checkbox"/>	Rented <input type="checkbox"/>
Contacts: -	Tele No's	Email: -		
Postal Address: -	Code: -	Town: -		

B. MONTHLY DEPOSITS

Proposed Monthly Deposit Kshs		
Mode of remittance	Check off Payroll No: -	Standing order No: -
Direct Debit: <input type="checkbox"/>	Mpesa: <input type="checkbox"/>	Effective date: -

C. SOURCES OF INCOME

To be completed by an employed applicant	
Name of Employer: -	Employer's address: -
Occupation: -	Personal file No: -
Date of Appointment: -	Workstation: -
To be completed by Business applicants	
Business Name: -	Address: -
Nature of Business: -	Physical location: -
To be completed by those with other Sources	
Pension income: <input type="checkbox"/>	Others (specify)