SERIAL No.

LEWIVEST EMPOWERMENT SACCO

Offered by KendagorTech Africa Limited

Attach

Passport photo

MEMBERSHIP APPLICATION FORM

Lewivest Empowerment Sacco | KendagorTech Africa Limited

Please complete in BLOCK LETTERS. Attach one recent coloured passport photograph, a copy of National ID / valid Kenyan Passport / Alien ID, and a copy of KRA PIN. By applying, I agree to conform to the Lewivest Empowerment Sacco Constitution and approved amendments.

SECTION A : APPLICANT'S BIO-DATA

Mr./Ms./Other (Specify):	☐ Male	☐ Female	☐ Other

Name (as per National ID):	
ID/Passport No:	Date of Birth: D D M M Y Y Y Y
Country of Residence:	Marital Status:
County/Province/City/State:	Postal Address/Code:
Primary Mobile Number:	Other Number:
KRA PIN:	Email:

SECTION B : OCCUPATION DETAILS

☐ Employed	☐ Self Employed / Biashara
Employer:	Business Type/Name:
Employer's Address:	Business Address/Location:
Gross Monthly Income:	Gross Monthly Income:
Payroll No.:	

SECTION C : OTHER SOURCES OF INCOME

☐ Pension Income ☐ Others (Please Specify): _____

SECTION D : REMITTANCES

Proposed Monthly Contributions (KES): _____ Amount in Words: _____

Proposed mode of remittances: ☐ Bank ☐ M-PESA ☐ Direct Debit ☐ Other

SECTION E : INTRODUCED BY / SOURCE

Please specify how you came to know / learn about Lewivest Empowerment Sacco:

Existing Member	Name:	Member No.
KendagorTech / Sacco Staff	Name:	Staff No.
Other (Specify):		

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SECTION F : NOMINEE / NEXT OF KIN DETAILS

Upon my demise whilst a member, I instruct the Sacco to pay amounts due to me, less any debts due to the Sacco, to the person(s) named below, subject to the Constitution and applicable law. I may update nominees by submitting a new nomination form.

NAME	NATIONAL ID / PASSPORT	DOB	RELATIONSHIP	TELEPHONE NO.	%

Guardian required where nominee is below 18 years.

Guardian Name:	National ID:	Mobile No.:

SECTION G : MEMBERSHIP CATEGORY & SERVICES

Membership Category: ☐ Kenyan Resident ☐ Gulf / Diaspora ☐ Other

Preferred communication: ☐ SMS ☐ Email ☐ WhatsApp ☐ Member Portal

SECTION H : SPECIMEN SIGNATURE AND DECLARATION

I declare that all particulars given are true and complete. I have read and understood the Lewivest Empowerment Sacco Constitution and agree to be bound by it and approved amendments. I consent to lawful use of my personal information for KYC, membership, savings, credit assessment, communication, record keeping and compliance.

NAME		SIGNATURE		DATE	

SECTION I : FOR OFFICIAL USE ONLY

KYC verification and member interview completed by:

Name:	Staff Number:	Signature:

Application status: ☐ Approved ☐ Deferred ☐ Declined

Data Captured By:	Signature:	Date:
System Approval By:	Signature:	Date:
Assigned Member Number:		
Member File Opened By:	Signature:	Date:

IMPORTANT MEMBERSHIP & CREDIT TERMS

- Kenyan residents: minimum KES 200 monthly savings; one-month lock-in; borrowing up to 3x savings subject to approval.
- All loans are charged applicable interest plus a mandatory 2% processing fee on the approved principal.
- Penalties, guarantor, liquidity, default and recovery provisions apply under the Constitution.