



SPEEDY DROP BODA TRANSCOOP

HEAD OFFICE
KAREN GREEN - KAREN
HOUSE OF PROCUREMENT
2ND FLOOR
ALONG LANGATA ROAD
P.O.BOX 9210-00100 - NAIROBI

AFFIX PHOTO

MOBILE NUMBER: +254717959959

Website : www.speedydrop.co.ke

Email: speedydropbodatranscoop@gmail.com

MEMBERSHIP APPLICATION FORM

SECTION I: APPLICANT'S BIO DATA

Mr/Ms Others (Specify)	Gender: Male ☐		Female ☐		Other ☐	
Name (As in the National ID):						
ID/Passport No					Date of Birth	D D M M Y Y Y Y
Country of Residence:			Marital Status:			
County:	Location:		Sub-location:		City:	
Current Address:			Home Address:			
Mobile Number 1:			Email Address			
Mobile Number 2:						
KRA PIN:						

SECTION II: REMITTANCES

Weekly Deposit (Ksh) _____	Amount in words _____
Weekly Saving (Ksh) _____	Amount in words _____
Weekly Route Management (Ksh) _____	Amount in words _____
Proposed Mode of remittance ☐ Check off ☐ Mpesa ☐ Direct debit ☐ Others (specify) _____	
Effective Date (___/___/___)	
Share Capital subscribed (Ksh 2,000 minimum) _____	
Amount in words _____	

SECTION III: NEXT OF KIN

Name _____	ID No/ Birth certificate _____
Mobile Number _____	
Relationship with the Applicant _____	

SECTION IV: OFFICIAL USE ONLY

Membership Fee Paid (Ksh) _____	Date Paid _____	Mpesa/Teller Transaction No: _____
Member Created by: _____	Signature: _____	
Member Approved by (RM): _____	Signature: _____	
Activated by: _____	Signature: _____	

SECTION V: CONSENT

I _____ of Id no _____ hereby declare that all the particulars given by me are true. I do confirm that I have read the terms, conditions governing the opening, operating and closure of membership and all by-laws of Speedy Drop Boda Transcoop Sacco and agree to be bound by them. I further give consent that my personal data, collected in connection with such terms and conditions, may from time to time be used and disclosed for such lawful purposes and to such persons as may be in accordance with the Speedy Drop Boda Transcoop Sacco prevailing Privacy Policy, and the relevant laws, as amended from time to time. I also agree that this account shall be operated solely at the discretion of the Sacco and hereby indemnify the society at my cost against any loss incurred or claims out of the account being closed without notice because of unsatisfactory performance. Refer to the terms and Conditions in the last page.

Name _____ **Signature** _____ **Date** _____