



NEW MILIMANI SACCO LTD, JUNCTION TRADE
CENTRE 7TH FLOOR ACCRA ROAD
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MEMBERS PERSONAL DATA FORM

1. MEMBER NO.....
2. SUR NAME..... FIRST NAME.....OTHER.....
3. ID NO..... SIGNATURE GENDER.....
4. DATE JOINED..... REGISTERED BY..... SIGNATURE
5. ADDRESS..... PHONE OTHER.....
6. DATE OF BIRTH..... MARITAL STATUS..... EMAIL
7. INTRODUCED BY: A. MEMBER.....STAFF..... READ THE BROCHURE.....
8. IF BY MEMBER: MEMBER NO..... STAFF NAME.....
9. BUSINESS NAME.....LOCATION DESIGNATION/POSITION
10. COUNTY..... DISTRICT.....
11. DIVISION.....LOCATION
12. SUB-LOCATIONVILLAGE.....
13. ESTATE..... PHASE/SECTION.....

NEXT OF KIN DETAILS

14. SUR NAME..... FIRST NAME..... OTHER.....
15. RELATION..... ADDRESS..... CELL.....
16. REGISTRATION KSHS 2,000/= AMOUNT PAID..... BK NO.....RECEIPT NO.....