



TRAMOM REGULATED NON-WDT SACCO Society Limited
Dynamic Building, Opposite Changamwe Social Hall, Next to Methodist
Church- Changamwe Old Mombasa- Nairobi Road
P.O. Box 93008-80102 Mombasa Kenya Tel: 0730 785 785
Email: info@tramomsacco.com Website: www.tramomsacco.com

MEMBERSHIP APPLICATION FORM

**ATTACH APPLICANT'S
COLOURED PASSPORT
PHOTO HERE**

Please complete this form in **BLOCK LETTERS** and attach the following; -
i. One recent colored passport photograph,
ii. Copy of the National ID/Valid Kenyan Passport
iii. Copy of KRA PIN Certificate

SECTION A: APPLICANT'S BIO-DATA

Mr./ Ms. Others (Specify): | Gender: Male Female

Name (as per National ID): ID/Passport No:

Date of Birth: Nationality: Marital Status:

County of residence: Address: Postal Code: Town:

Safaricom Mobile Number: Other Number:

KRA PIN: Email: Email 2:

SECTION B: OCCUPATION DETAILS (Tick where appropriate)

Employed: (Attach payslip)

Employer:

Payroll No: :

Employers Address/Location:

Term of Service: Permanent Contract Casual

Self Employed: (Attach copy of business certificate where necessary)

Business Type/Name:

Business Address/Location :

Gross Monthly Income :

Group: (Attach copy of Group certificate where necessary)

Group :

Group No :

Group Address/Location:

SECTION C: REMITTANCES (Tick where appropriate)

A). DEPOSIT SAVINGS (long term savings done on a monthly basis with an attractive interest rate. The saving is used as a multiplier & Security for loans.)

Proposed Monthly Contributions: (Kshs.) :

Proposed mode of remittances: Check off Direct Debit MPESA Others (Specify)

SECTION D: INTRODUCED/RECRUITED BY

Please specify on how you came to know/ learn about the Sacco:

Tramom Sacco Staff Name:Staff No.....ID No.....

Existing member Name:Member No.....ID No.....

Others (Please Specify):Mob No.....ID No.....

SECTION E: NOMINEE/NEXT OF KIN DETAILS

NAME	RELATIONSHIP	ID No	Phone No.

SECTION F: BENEFICIARY DETAILS

I, the undersigned, hereby instruct the society to pay amount due to me in the event of my death whilst a member of the society to the person nominated hereunder with the society's By-Laws and any amendment made thereof. I understand that I may alter the name of the nominated next of kin by filling a subsequent nominated next of kin forms. (The name of the nominee can be given a sealed letter).

NAME	RELATIONSHIP	Mobile No.	ALLOCATION (%)

SECTION F: MSACCO | E-BANKING SERVICES (Tick where appropriate)

I hereby request to be enrolled for the selected services:

Mobile Banking USSD Mobile App

Please note that your mobile banking phone number must match your Primary Mobile Number provided in section A.
For detailed terms and Conditions, visit:- www.tramomsacco.com

SECTION G: APPLICANT'S DECLARATION

I.....declare that all the particulars given by me are true. I confirm that I have read the terms and conditions governing the opening,operating and closureof membership and related services of Tramom Sacco Society and agree to be bound by them. I further unequivocally 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 Tramom Sacco's prevailing Privacy Policy, and the relevant laws, as amended from time to time.

I hereby make an application for membership and agree to conform to Tramom Sacco By-Laws and any amendments thereof: -

Name.....Signature.....Date.....

SECTION H: FOR OFFICIAL USE ONLY

Application checked by.....Signature.....Date.....

The Application has been approved under membership category: (indicate).....

Data Captured by.....Signature.....Date.....

Issued Membership No:

Member's File Opened By.....Signature.....Date.....

.....*Save To Thrive!*

USHIRIKA



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Dynamic Building, Opposite Changamwe Social Hall, Next to Methodist
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P.O. Box 93008-80102 Mombasa Kenya Tel: 0730785785
Email: info@tramomsacco.com Website: www.tramomsacco.com

Date:

The manager,

.....

P.O. BOX,

.....

Dear Sir/Madam,

RE: AUTHORIZE MONTHLY PAYROLL DEDUCTIONS

I Mr/Mrs/Miss.....Member No.....do

hereby authorize you to deduct the sum of Kshs.....from my salary every
calendar month in favour of TRAMOM CO-OPERATIVE SAVINGS & CREDIT SOCIETY
LIMITED as monthly savings.

Please note that the society will be advancing me short term loans and whenever such will
be the case, the monthly loan repayment instalments along with any interest thereof will
also be recovered from my salary through payroll deductions over and above the specified
sum on the authority of the Managing Committee of the society.

Yours faithfully,

.....

SIGNED.....

CC: THE HON. SECRETARY,

TRAMOM C.S & CS LIMITED