fortitudesacco
WE LISTEN, WE CARE

P.O. BOX 237 MBITA
Tel. No: 0717199744
E.Mail:info@fortitudesacco.co.ke
Website:www.fortitudesacco.co.ke

MEMBERSHIP / REGISTRATION FORM

General Information

First Name	Second Name	Last Name

Application Date	Date of Birth	Nationality

ID Number	Tax Identification No	Gender

Marital Status ***(Tick as is appropriate)***

Married ☐ Divorced ☐ Single ☐ Widow ☐ Widower ☐

Communication details

Post Code	City/town/Village	Ward	Sub County

Postal Address	Current Address	Home Address	Country Code
			+254Kenya

Mobile Phone No.	Other Phone No.	Email Address

Employment Information

(Employment type) **(Contract type)**

Employed ☐ Self Employed ☐ Full time ☐ Part time ☐ Fixed term ☐ Casual ☐

Employer | Payroll/Staff No.

Self employed;

Nature of Business

Location of Business | Business Permit No…

Next of Kin / Beneficiary / Nominee List

NO	NAME	RELATIONSHIP	BOX	MOBILE	%
1					
2					
3					
4					
5					
6					
7					

Authorization

I……..of Payroll/Staff No……and Id.No…… hereby authorize Fortitude Sacco to make deductions of Ksh……....(In words)…… …..... from my salary proceeds and remit to Fortitude Savings and credit cooperative society Ltd with effect from the month of …….……Year…….

MEMBERS SIGNATURE (1)……DATE……..

(2)…….DATE……..

(3)…….DATE……..

AND WITNESSED BY:

NO	NAME	ID.NO	TEL.NO	SIGNATURE
1				
2				

Official use

Captured By: Name……Sign……..Date…….

Checked By: Name……Sign……..Date…….

Verified By: Name…….....Sign……..Date…….

Approved By: Name……..Sign……..Date…….