



Metropolitan Investment Co-operative Society Ltd

We Invest In Your Dreams

REGISTERED OFFICE:

Ground Floor of Chai House, Koinange Street P.O. Box 5684-00100 Nairobi. Tel: (020) 8007509/201139
Cell: 0736 086295/0715 680269. Email: info@metroinvest.co.ke Website: www.metroinvest.co.ke

APPLICATION FOR MEMBERSHIP FORM

Membership No:.....

Requirements:

1. One most recent passport size photograph
2. Copy of National ID
3. Copy of PIN Certificate
4. Membership fee Kshs 1000/=

APPLICANTS PERSONAL DETAILS

Surname:..... Other Names

Date of Birth ID No:..... PIN No:..... Cell Phone No:.....

County..... Sub-County.....

Present Address P.O. Box..... Code Town.....

Email Address

Are you an existing Metropolitan National Sacco Member? Yes No.

If yes Membership No:.....

DETAILS OF EMPLOYMENT (IF APPLICABLE)

Employer:..... Terms of Service (Permanent/ Temporary/Contract).....

Date of Employment..... Designation:.....

Employment (payroll) No:..... Workstation

TYPE OF BUSINESS

Sole proprietorship Partnership Limited Company

Registered groups/Chamas Schools Churches

Others (specify)

NATURE OF BUSINESS

Retail Wholesale Transport Agro Business (Dairy, Tea, Coffee, Horticulture etc)

Building & Construction Real Estate (Rental) Educational Institutions Artisan

Others (Specify)

NEXT OF KIN

Pursuant to the by-laws of this society, I hereby nominate the person(s) named hereunder to receive the monies standing to the credit of my shares and deposits accounts and any other dues at my death.

Name	ID NO	Relationship to you	Percentage

MODE OF CONTRIBUTION

Cash/ Cheque Fosa standing Order

Check Off M-Banking (M-pesa)

Proposed amount of contribution Kshs..... Per Day Week Month