



Biblia Housing Co-operative Society Ltd

Kamirembe Place, 1st flr, Adjacent to Eastlands Hotel, Ring Road, Kilimani,
P.O Box 7041-00300 Nairobi Tel: 2718933 / 2724990. Cell Phone: 0716 195054

Email: info@bibliahousing.com
Website: www.bibliahousing.com

Attach Photo

MEMBERSHIP APPLICATION

To: The Hon Secretary

I hereby make an application for membership and agree to confirm to the Housing's by-laws, policies and any amendments thereof.

N/B: PLEASE USE CAPITAL LETTERS TO FILL IN THIS FORM

PERSONAL DETAILS

Full Name (As Per ID) _____ Title _____

Date of Birth _____ *DD / MM / YYYY* Gender _____ Marital Status _____

ID / Passport No _____ Nationality _____ Tax PIN No. _____

Postal Address _____ Code _____ Tel or Mobile No _____

E-mail Address _____

Residential Address _____ Town _____ House No _____

Home County _____ Home Sub County _____

BUSINESS OR EMPLOYMENT DETAILS

Employer's or Business Name _____ Position _____

Nature of Employment or Business _____ Work Station _____

Postal Address _____ Code _____ Tel or Mobile No _____

Physical Address _____ Payroll No _____

BANK DETAILS

I authorize Biblia Housing to pay all my future benefits and claims to the Bank Account below until advised otherwise in writing

Account Name _____

Account No _____ Account Type _____ *current / Savings*

Bank Name _____ Bank Branch _____

PROPOSED CONTRIBUTION

Monthly Employment & Business Income (A)(Kshs) _____ Monthly Expenditure (B)(Kshs) _____

Net Monthly Disposable Income ((C=A - B)(Kshs) _____ Proposed Contribution (D) (Kshs) _____

PAYMENT MODE OPTIONS

Salary Check-Off Payment Through Your Employer
Cheque Payment to BIBLIA HOUSING CO-OP SOCIETY LTD
Direct Bank Deposit to Account No 011-2020-1737-400 Account Name BIBLIA HOUSING CO-OP SOCIETY LTD
Bank Name CO-OPERATIVE BANK Branch Name PARLIAMENT ROAD, NAIROBI
Mpesa Deposit to Paybill No. 685622 Account / Ref No. FULL NAMES, MEMBERSHIP OR ID NO

N/b: Cash payment is NOT accepted, only use the above payment modes. Biblia Housing will not be liable for any cash given to staff, agent or broker.

BENEFICIARIES DETAILS

The name of the beneficiaries can be given in a sealed letter. You may alter list of beneficiaries by filling in a subsequent nomination form. Beneficiaries designated to receive total funds less any debts to the Housing in the unfortunate death of a member/applicant. At least one of the beneficiaries MUST be above 18 years.

Table with 5 columns: Full Name (In the correct order), Relationship, Allocation %, Mobile No., ID or Birth Certificate No. Rows 1-7.

Total 100%

APPLICANT'S DECLARATION

I (Full Name) the applicant declare that;
1. This application is hereby made to Biblia Housing Co-op Society Ltd according to the Housing's terms and conditions.
2. The statements made in this application and in any other documentation submitted in connection with this application are complete, true and form the basis of the membership.
3. I recoverably authorize and request any organization or official who may be in possession of or hereafter acquire any information concerning my credit status to disclose such information to Biblia Housing Co-op Society Ltd.
4. The Housing may recover any expenses incurred, unpaid fees and loans if I terminate the application for membership.
Applicant's Signature Date DD / MM / YYYY

Data Protection Consent

I hereby expressly consent and authorize the Society to disclose, receive or utilize my personal information or data relating to my account and use the services as per the existing by-laws as long as I'm a member of the Society:

- a) To and from any local international law enforcement or competent regulatory or government agencies so as to assist in the prevention, detection, investigation or prosecution of criminal activities or fraud.
- b) To and from Society's service providers, or any other company that may be or become the Society's subsidiary or holding company for reasonable commercial purposes relating to the services.
- c) To the Society's lawyers, auditors, or other professional advisors or to any court or arbitration tribunal in connection with any legal or audit proceedings; and where need be to your land matters (in case of default) and the related third parties.
- d) To your mobile service provider in relation to this agreement.
- e) For reasonable commercial purposes connected to your use of the services, such as marketing and research related activities.

Applicant's Signature _____ Date DD / MM / YYYY

This form needs to be returned to Biblia Housing Co-op Society Ltd with the following mandatory documents: -

- > ID / passport copy
- > One recent passport size photo
- > KRA PIN certificate copy
- > Bank Statement or ATM Card copy

REFEREE

I _____ (Full Name) _____ confirm that the applicant is well known to me and that he/she is capable of independently operating an account as a member of Biblia Housing Co-op Society Ltd.

Tel or Mobile No _____ E-mail Address _____

Relationship to Applicant _____ Employer or Business _____

Referee's Signature _____ Date DD / MM / YYYY

FOR THE HOUSING SOCIETY'S OFFICIAL USE ONLY

Introduced By: _____ Signature _____ Date DD / MM / YYYY

Approved By _____ Signature _____ Date DD / MM / YYYY

Input & Filed By _____ Signature _____ Date DD / MM / YYYY

Date of Admission DD / MM / YYYY _____

Membership No.