



✉ info@kasaranipork.co.ke 📌 Kasarani Pork Producers
 🐷 @KasaraniPork 🌐 www.kasaranipork.co.ke

PASSPORT PHOTO

OR

PHOTO Ref

PERSONAL MEMBERSHIP APPLICATION FORM

Required: Attach copy of your National ID/Passport, KRA Pin Certificate & Passport size photo

Applicant information

Mr./Mrs./Ms./Hon./ (specify) Gender: Male Female

First Name: Middle Name: Last Name:.....

ID/Passport No: KRA PIN: Date of Birth:

Nationality:Current residential Address (Box):

Estate:Permanent Address (Box): Tel No:

Personal Email:

Marital status: Single Married Others:.....

How did you get to know about Kasarani Pork producers Cooperative

.....

Source of income

Employed Self-employed

Employed:

Name of employer: Address (Box)

Terms of Employment (*Permanent, Contract, temporary, freelance etc.*).....

Work EmailOffice Tel/Ext. No..... Location

Est. monthly income (Ksh) Less than 50,000 50,001 –100,000 100,001-500,000 500,001-1M >1M

Self-Employed

Name of Business:Reg. No.....

Physical Address (Box)..... Location Nature of Business.....

EmailTel No.....

Farm Details

A) Type of Operatios: Farrow to Finish
 Wean To Finish
 Farrow To Wean

B) Size of the farm: On AI or Boar Service
 Number of Sows

Est. monthly turnover (Ksh) Less than 50,000 50,001 –100,000 100,001-500,000 500,001-1M >1M

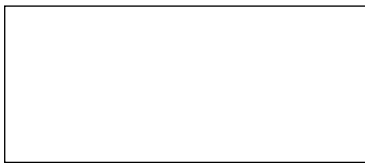
Monthly Contribution

Preferred monthly deposit: Ksh..... (Minimum Ksh 3,000), Mode of remittance
(check-off, standing order, cash etc.), Effective date

REFEREE DETAILS {Person introducing the Applicant}

Name: ID No..... Signature.....
Payroll No/Membership No..... Relationship with Applicant..... Date

Applicant Specimen Signature (Sign at the center of the box)



Affix passport size photo

OR

Photo Ref

NOMINEE/NEXT OF KIN DETAILS

FULL NAME OF NOMINEE	ID/PASSPORT NO	RELATIONSHIP	DATE OF BIRTH	%	PHONE NO.

INDEMNITY CLAUSE

I agree that this account shall be operated solely at the discretion of the COOPERATIVE and hereby indemnify the COOPERATIVE at my cost against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactory performance.

Signature Date

stamp

Witnessed By:

Name..... Signature:..... Staff No:.....

FOR OFFICIAL USE

- All original documents verified Customer contact information provided All customer information obtained
- Photo taken/obtained and verified Mandated signatures obtained Monthly contribution booked

Account Opened by: Signature Date

Account Authorized by: Signature Date

Comments:.....