

# TALENT JIBAMBE APPLICATION FORM



**ACK IMANI TALENT SACCO**

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## PART 1: PERSONAL DETAILS

<b>Cust. ID:</b>	<input type="text"/>	<b>Mem No.:</b>	<input type="text"/>
Member Name:	<input type="text"/>		
ID/ PP No.:	<input type="text"/>	KRA PIN:	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile No.:	<input type="text"/>	E-mail:	<input type="text"/>
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Others (Specify)
Spouse Name:	<input type="text"/>	Member No.:	<input type="text"/>
Spouse Mobile No.:	<input type="text"/>		
Postal Address:	<input type="text"/>	Postal Code:	<input type="text"/>
Town:	<input type="text"/>		
Current Residence:	<input type="text"/>	Period Of Residence:	<input type="text"/>
County:	<input type="text"/>		
Type of Residence:	<input type="checkbox"/> Rented	<input type="checkbox"/> Owned	<input type="checkbox"/> Employer
	<input type="checkbox"/> Others (Specify)		
Zone:	<input type="text"/>	Branch:	<input type="text"/>
Trust Group:	<input type="text"/>	Religion:	<input type="text"/>

## EMPLOYMENT DETAILS

<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner	<input type="checkbox"/> Student	<input type="checkbox"/> Unemployed
Name of Business:	<input type="text"/>	Date of Employment:	<input type="text"/>	Personal /Staff No.:
Station:	<input type="text"/>	Designation:	<input type="text"/>	Department:
Terms of Employment:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Contract	If on Contract, Expiry Date:	<input type="text"/>

## BUSINESS DETAILS

Name of Business:	<input type="text"/>		
Nature of Business:	<input type="text"/>	Business Physical Location:	<input type="text"/>
Approximate Monthly Income:	<input type="text"/>		

## AUTHORITY FOR DEDUCTION

Registration fee Kshs. 500 shall be payable upon application. I commit Kshs. \_\_\_\_\_ as my monthly savings contribution.

## DECLARATION

I confirm that the information given above is true to the best of my knowledge. By signing on this form, I request you to open a Talent Jibambe Account in my name(s) provided. I have read and agreed to abide by the Terms and Conditions of this application.

I agree that this account shall be operated solely at the discretion of the society and hereby indemnify the society at my cost, against any cost incurred or claims arising out of this account.

<b>Applicant's Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
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## Official Use Only

Introducer:	<input type="text"/>		
CRO:	<input type="text"/>		
Enroller:	<input type="text"/>		
Registered By:	<input type="text"/>	Date:	<input type="text"/>
Sign:	<input type="text"/>		
Verified By:	<input type="text"/>	Date:	<input type="text"/>
Sign:	<input type="text"/>		
Approved By:	<input type="text"/>	Date:	<input type="text"/>
Sign:	<input type="text"/>		

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