



MASHIRIKIANO SACCO

United for Prosperity

Passport
Photo

MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS

First Name _____ Middle name _____ Surname _____

ID Number: _____

Phone Number: _____ KRA PIN: _____

Country of Residence: _____ County: _____

Sub-County: _____ Estate: _____

Gender: Male Female Unemployed Employer Name: _____
(If employed)

TYPE OF ACCOUNT

- Savings Account School Fees Account Biashara Account
 Holiday Account

NEXT OF KIN DETAILS

1. Full Name: _____ Phone Number: _____

ID Number: _____

● Share Percentage: _____

2. Full Name: _____ Phone Number: _____

ID Number: _____

● Share Percentage: _____

PREFERRED MONTHLY SAVINGS

- 1,000 per month
 2,000 per month
 3,000 per month
 Above 3,000 per month
 Any amount
 Any amount

CUSTOMER DECLARATION

I, _____
declare that the information provided is true
and correct and I have willingly decided to join
Mashirikiano Sacco.

Signature: _____ Date: _____

 Tel: 075850657 / WhatsApp: 0758506557

 Email: info@mashirikianosaco.co.ke

 P.O. Box 33 - 01000 Makongeni Thika

 Location: Makongeni Center off Thika Garissa Road

Paybill No:
4048759

Account No:
Your ID Number

FOR OFFICIAL USE ONLY

Customer ID: _____

Member No: _____

Member Name: _____

Details Entered By:

Name: _____

Signature: _____

Designation: _____

Member Approved By:

Name: _____

Signature: _____

Designation: _____



PRIVACY NOTICE

1. OVERVIEW

The customer gives consent to Mashirikiano Sacco to collect, store, process and use customer information in accordance with:

- ✓ Data Protection Act 2019
- ✓ Data Protection (General) Regulations 2021
- ✓ General Data Protection Regulation (EU) 2016/679

DEFINITIONS:

- Connected Person
- Customer Information
- Personal Data
- Sensitive Personal Data

2. COLLECTION OF PERSONAL DATA

- ✓ Information collected directly or from third parties
- ✓ Customer must update any changes
- ✓ Consent required when sharing third-party data
- ✓ Used for legal, contractual and operational purposes

3. PROCESSING OF CUSTOMER INFORMATION

Used to:

- ✓ Evaluate applications
- ✓ Monitor accounts
- ✓ Verify identity (KYC)
- ✓ Recover debts
- ✓ Process transactions
- ✓ Perform credit checks
- ✓ Assess loan eligibility
- ✓ Improve services
- ✓ Detect and prevent fraud

4. SHARING OF INFORMATION

Information may be shared with:

- ✓ Regulators and tax authorities
- ✓ Courts and legal bodies
- ✓ Service providers and agents
- ✓ Sacco partners and subsidiaries

5. CUSTOMER RIGHTS

You have the right to:

- ✓ Access your data
- ✓ Correct or delete data
- ✓ Restrict processing

6. MARKETING & COMMUNICATION

Tick if you agree to receive updates:

YES, I agree to receive promotions and updates

✓ PRIVACY DECLARATION

I have read and understood the privacy notice and agree to comply.

Name: _____

Signature: _____

Date: _____



Tel: 0758500557 / WhatsApp: 0758500557



Email: info@mashirikianosacco.co.ke



P.O. Box 33 - 01000 Makongeni Thika



Location: Makongeni Center off Thika Garissa Road