

REGISTERED OFFICE  
KMA CENTRE, CHYULU RD. UPPERHILL  
PO BOX 413-00202  
NAIROBI  
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## KENYA MEDICAL ASSOCIATION REGULATED NON WDT SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

### MEMBERSHIP APPLICATION FORM

#### INSTRUCTIONS

1. Please complete this form in full
2. Use BLOCK LETTERS only to complete the form
3. Return this form with:
  - a. A photocopy of your National Identity Card or Passport
  - b. Photocopy of your KRA PIN Certificate
  - c. Photocopy of either MBChB, BDS, or BPharm Certificate, and/or Board License or Retention Certificate
  - d. Two passport-sized photographs
  - e. Kes 3,000.00 being membership fee for Kes. 1000.00 and a minimum of 100 shares at Kes. 20.00 per share

**AFFIX  
PHOTO  
HERE**

#### SECTION A

Title:  Surname:  Other Names:

D.O.B  Sex:  Nationality:

National ID/Passport Number:  KRA PIN NO:

Primary Mobile Number:  Other Number

Email:  Email 2:

County of Residence:  Speciality:

#### SECTION B

Station:

Residence:

Postal Address:  Code:  Town:

#### SECTION C

Introduced By:  KMA RNWDT Sacco Ltd  Name:  Staff No:

Referral  Name:  Mbr No:

Social Media  Web  Other

**SECTION D****NEXT OF KIN**

Name:	National ID / Passport NO.	Email	Relationship	Phone NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**BENEFICIARY**

Name:	National ID / Passport NO.	Email	Relationship	Phone NO.	% Assigned
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION E**

Initial Payment: *Minimum Kes. 3,000.00*

Mpesa  Cheque  Bank Deposit

Subsequent Payment Shall be by:

Mpesa  Direct Bank Deposit  Cheque  Direct Debit  Standing Order

Paid:  Monthly  Quarterly  Semi - Annually  Yearly

Bank:  Branch:

Account Name:  Account No:

**SECTION F**

I/We  declare that all the particulars provided are true and accurate.

I/We confirm that I/We have read and understood the Terms and Conditions governing the opening, operation, and closure of membership and related e-channels of KMA RNWDT Sacco Limited and agree to be bound by them.

I/We further give my unequivocal consent for my personal data, collected in connection with the above Terms and Conditions, to be used and disclosed for lawful purposes and to such persons as may be permitted under the KMA RNWDT Sacco Privacy Policy and relevant laws, as amended from time to time.

For detailed Terms and Conditions, please visit: <https://kmasacco.com/data-privacy-statement/>

Signature:

Date:

**SECTION G - FOR OFFICIAL USE ONLY**

Application for Membership

Accepted  Denied

Signed: CHIEF EXECUTIVE OFFICER