



**SAUTI COOPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED**  
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**MEMBERSHIP REJOINING FORM**

This is to notify the Society of my application to rejoin the Sacco with effect from \_\_\_\_\_.

I would like to continue with my membership number of the Sauti Sacco. My details are as follows:

**Personal Account Details**

Full Names: \_\_\_\_\_ Member Number \_\_\_\_\_

ID No \_\_\_\_\_ Postal Address \_\_\_\_\_

Mobile Phone No \_\_\_\_\_ E-Mail Address \_\_\_\_\_ I

am FULLY aware of my obligations as a cooperator that states: a member must make remittance consistently to the Sacco every month.

**Remittances**

I hereby authorize the society to deduct monthly contributions of Kshs.....and one-off membership fee of Kshs.....

DATE	
SIGNATURE	

**Kindly attach your passport photo, Id copy and KRA copy.**

**FOR OFFICIAL USE ONLY**

ACTIONED BY..... SIGNATURE.....DATE.....

CHECKED BY..... SIGNATURE..... DATE.....