

INDIVIDUAL MEMBERSHIP APPLICATION FORM

REQUIREMENTS:

1. Copy of National ID
2. Copy of KRA Pin
3. Passport Size Photo
4. Membership Fee.

1. MEMBER DETAILS / APPLICATION DETAILS

MEMBER NO.		BRANCH:	
SURNAME:	FIRST NAME	MIDDLE NAME	
MR/MRS/MISS/DR/Ms.	GENDER	D.O.B(DD/MM/YY)	
MARITAL STATUS	NATIONALITY	ID/PASSPORT NUMBER	
KRA PIN NO.	TEL. NO.	POSTAL ADDRESS	CODE
EMAIL ADD:	OCCUPATION	PHYSICAL RESIDENCE	
ALTERNATIVE CONTACT NAME	TEL. NO.	RELATIONSHIP	
HOME COUNTY	ESTATE/LOCATION		

2. EMPLOYMENT DETAILS *(To be filled by salaried applicants)*

NAME OF EMPLOYER:	EMPLOYER CONTACT:	PHYSICAL LOCATION:	
POSTAL ADDRESS:	CODE:	TOWN:	POSITION HELD:
TELEPHONE NUMBER:	EMAIL ADDRESS:	TERMS OF CONTRACT	
WORK COUNTY:			PERMANENT <input type="checkbox"/> CONTRACT <input type="checkbox"/> CASUAL <input type="checkbox"/>

3. BUSINESS DETAILS *(To be filled by business applicants)*

BUSINESS NAME:	BUSINESS PHYSICAL LOCATION:	NATURE OF BUSINESS:
OFFICE TEL. NO:	POSTAL ADDRESS:	

4. ALTERNATIVE CHANNEL ENROLLMENT

I hereby request to be enrolled for the selected services:

M-SACCO: CHEQUE BOOK: ATM:

NAME	NATIONAL ID	MOBILE NO

5. BENEVOLENT FUND DETAILS *(To be contacted in case of demise)*

NAMES	ID NUMBER	MOBILE NUMBER	RELATIONSHIP

6. NEXT OF KIN/NOMINEE (The person(s) designated to receive benefits in case of demise. If a minor, please indicate 'minor' instead of ID number)

NAMES	ID NUMBER	MOBILE NUMBER	RELATIONSHIP	% ALLOCATION

I the undersigned upon my demise whilst a member of the Society, hereby instruct the Society to pay all amounts due to me less any debts to the Society, to the person(s) named in this section. I understand that I may alter the name of nominated next of kin by filling in a subsequent next of kin form.

7. CONTRIBUTION DETAILS

BENEVOLENT FUND (MANDATORY)

Starting 1/1/2023 monthly / annual non-refundable Benevolent Fund contribution of: -Tick the appropriate

a) Monthly **Ksh.100**

b) Yearly contribution **Ksh.1,200** (Viable when contributed in January of the current financial year)

Share Capital worth **Ksh 20,000/-** (Monthly contribution of ksh.500 for 40 months mandatory and non-refundable)

a) To be deducted from share deposits (annually)

b) Monthly remittance

8. PROPOSED MODE OF REMITTANCE (Tick where appropriate)

Cheque: Standing order: Cash deposit: Paybill (520900):

9. SAVINGS ACCOUNT (Tick where appropriate)

Share Deposit A/c: Current Savings A/c: Holiday A/c: Junior A/c: Asset A/c:

School Fees A/c: Business A/c: Kilimo A/c: Household A/c:

10. DECLARATION / ACCEPTANCE

I _____ hereby apply to be admitted as a member of Ukristo Na Ufanisi DT Sacco Ltd and promise to abide by its laws, terms and conditions that govern the Sacco. The information given above is accurate to the best of my knowledge. I agree to abide by the Society's by-laws as may be reviewed from time to time.

Applicant Name _____ Signature _____

How did you learn about Ukristo Na Ufanisi DT Sacco Ltd? (Tick Appropriately)

Sacco Member: Social Media: Sales Representative: Others (Specify):

Introduced by: _____ Member No: _____ Sign _____

Date: _____

11. FOR OFFICIAL USE ONLY

CUSTOMER CARE:

Form Received on: _____ Input by: _____ Sign: _____

Photograph Scanned on: _____ Input by: _____ Sign: _____

Signature Scanned on: _____ Input by: _____ Sign: _____

Is the Applicant Accepted? YES: NO: Member No: _____

Application approved by: _____ Sign: _____ Date _____

12. REGISTRY SECTION

File Opened on: _____ Name: _____ Sign: _____

Checked on: _____ Name: _____ Sign: _____

11. RULES AND REGULATIONS

- Membership is open to general public.
- Members will be admitted on payment of registration fee of Kshs. 500 (payable once) and payment of minimum deposit of Kshs. 1,500(Ksh.1000 for normal savings & Ksh.500 for share capital)
- Members should purchase a minimum of 200 shares at a cost of Kshs. 100 per share (Ksh.20,000) within a period of 3 years and 4 months from date of registration.
- The share capital is non-refundable; however, upon retirement or withdrawal from the Sacco, a member may transfer their shares to an existing member.
- Upon withdrawal from the Sacco, a member shall give sixty (60) days' written notice to withdraw their deposits. A closure fee shall be charged prior to account closure, calculated at the prevailing rate.
- Members may be part of a cell group of at least 5 members and a maximum of 20 members or have collateral as an individual to get BOSA loans.
- Members can receive up to 80% of their deposits as a loan (Ownshare).
- FOSA loans will be self-guarantee with deposits and/or collateral.
- After six months membership, a member will qualify to receive a loan of up to 3 times their savings for the first loan and 4 times their savings for subsequent loans.
- All BOSA loans are secured by guarantee from other cell group members and/or collateral.
- Loans are repaid within 1 month up to a maximum of 72 months depending on the loaned amount and product.

I acknowledge that the Sacco requires my personal information for provision of its services and obligations fairly and competently and in accordance with the requirements of the Data Protection Act and Regulations and I hereby consent to the processing of my personal information by the Sacco.

I also agree to abide by the Sacco rules and regulations as may be reviewed from time to time.

Member Signature Date.....