

MEMBERSHIP FORM FOR SMALL AND MEDIUM ENTERPRISES (SMEs)

Date

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SACCO BRANCH.....

Type of Customer (tick appropriately) New Member Rejoining Member Partnership

Type of Enterprise (tick appropriately) Limited Company Religious Organization Others

Government entities Institutions

SECTION A: ENTERPRISE DETAILS

Certificate of incorporation / Registration Number.....

Date of Incorporation / Registration.....

County of Business Registration

County of Operation.....

Physical Address.....

Building..... Street / Road.....

Postal Address

Postal CodeTown.....

Telephone Number..... Alternative Number.....

Em KRA PIN..... Email Address.....

Contact Person Name..... Contact Person Phone No.....

Nature of Business..... Industry / Sector.....

Main source of funds..... Other source of funds.....

SECTION B: LIST OF DIRECTORS/PATNERS.

NAME	ID / PASSPORT NUMBER
1
2
3
4
5

Purpose of the Account:

Savings / BOSA Deposit

FOR OFFICIAL USE ONLY

I hereby certify that the above Business Entity has been maintained in our records and paid entrance fee.

NB: Requirements (*ID Copy, KRA Pin Certificate, Business Permit*)

MN/No.....AC/No.....Entrance fee.....Receipt No.....

Account Maintained By:.....Design.....Sign.....Receipt No.....

Account Opened By:.....Design.....Sign.....Receipt No.....

Verified By:.....Design.....Sign.....Receipt No.....

TERMS AND CONDITIONS

1. We will automatically open a Fosa account once you become our member.
2. In regard of terms and conditions, "SACCO" refers to the UNIVISION DT SACCO SOCIETY LTD. The terms come to effect once the account holder opens an account with the Sacco and becomes a member.
3. Once any person opens an account with the Sacco, it is deemed to have read and understood the applicable terms and conditions.
4. Valid and acceptable means of identification (Kenyan identification card, copy of business permit, certificate of incorporation, international passport where applicable, KRA pin etc.) will be required prior to Sacco opening any account.
5. In the event where membership/account opening form is submitted, the supporting documents shall be verified and once they agree with the Sacco policies and procedures, a member number and account number will be generated and issued which will be quoted in all correspondences with the Sacco relating to the account.
6. The Sacco shall reference tariffs fees and charges for its products and services in the product agreements.
The Sacco reserves the right at any time and with notice impose charges for the use of its products and services.

SECTION C: DECLARATION

I/we _____ do hear by commit myself/Ourselves to be remitting Kshs. _____ as deposits monthly until further notice. I/we declare that all the particulars given by me/us are true. I/We confirm that I/We have read the terms, conditions governing the Sacco membership, and I agree to be bound by them. I/We unequivocally consent that my personal data collected may be used and transferred in electronic or other form for the purposes of opening and maintaining my/our Sacco membership and analysis relating to benefits and membership status

Signatory 1

Name..... ID No..... Phone No.....
Next of Kin..... Relationship..... Phone No.....
Date....., Signature.....

Signatory 2

Name..... ID No..... Phone No.....
Next of Kin..... Relationship..... Phone No.....
Date....., Signature.....

Signatory 3

Name..... ID No..... Phone No.....
Next of Kin..... Relationship..... Phone No.....
Date....., Signature.....

Signatory 4

Name..... ID No..... Phone No.....
Next of Kin..... Relationship..... Phone No.....
Date....., Signature.....