UNIVISION SACCO
powering dreams

MEMBERSHIP APPLICATION FORM

APPLICANT DETAILS

Date: D D M M Y Y Y Y

Full Name: (Mr./Mrs./Ms./Miss./Dr./Prof./ _____

Date of Birth: D D M M Y Y Y Y Place of Birth _____ ID/Passport No. _____

Citizenship(s) _____ Country of Residence _____

Postal Address _____ Postal Code: _____

Personal Phone No.: _____ Office No.: _____

KRA PIN No.: _____ Email: _____

Physical Residential Address:

_____ (County) _____ (Sub- County) _____ (Ward)

_____ (Village / Estate) _____ (Building Name) _____ (Street Name)

Occupation: _____ Employer: _____ Employer's Contact: _____

Work Station: _____ Designation _____ Payroll No. _____

Terms of Employment: (✓) Permanent ☐ Contract ☐ Temporary ☐

Next of Kin Name: _____ Relationship _____ Phone No. _____

Recruited by: Board ☐ Staff ☐ Member ☐

Name: _____ M/No. _____

DECLARATION BY MEMBER

I _____ do hereby commit myself to be remitting Kshs. _____ as monthly deposits until further notice.

I further declare that all the particulars given by me are true

I confirm that I have read the terms, conditions governing the Sacco membership, and agree to be bound by them

I willingly concent that my personal data collected may be used and transferred in electronic or other form for the purposes of opening and maintaining my Sacco membership and analysis relating to benefits and membership status

Signature _____ Left Thumb ☐ Date _____

BIOMETRIC DATA CAPTURE FORM

Branch: _____ Date _____

To the Branch Manager,
Account Name: _____
Customer Name: _____
Account No.: _____
ID / Pasport No.:_____ Telephone No.:_____

I hereby give consent for the capture of my biometric information, as indicated herein, for the purpose of identification and transactions authentication. The use of the catured information may be implemented by UNIVISION DT SACCO SOCIETY LTD as and when the Sacco sees it fit

---

OFFICIAL USE ONLY

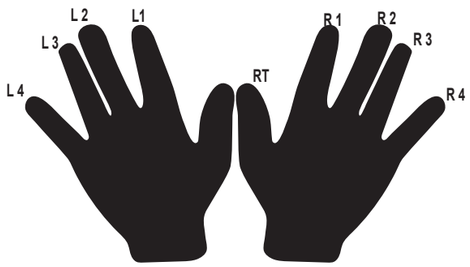
I hereby certify that the above member has been maintained in our records and paid the entrance fee

M/No. _____ AC/ No._____ Entrance fee _____ Receipt No. _____

Data input by: Name _____ Sign: _____ Date: _____

Verified by: Name Sign: _____ Date: _____

NB:***Requirements:(Attatch ID Photocopy and current Pay slip)***



Please check (✓) the captured fingures as labelled in the diagram alongside

LT ☐ L1 ☐ L2 ☐ L3 ☐ L4 ☐

RT ☐ R1 ☐ R2 ☐ R3 ☐ R4 ☐

CIF Update _____

Captured by: _____ Signature: _____

Authorized by:_____ Signature: _____

TERMS AND CONDITIONS

1. We will automatically open a Fosa account once you become our member.

2. In regard of the terms and conditions, "SACCO" refers to UNIVISION DT SACCO SOCIETY LIMITED. The terms comes into 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, its deemed to have read and understood the applicable terms and conditions

4. Valid and acceptable means of identification {Kenyan identification card, copy of recent payslip and international passport where applicable} will be required prior to member on boarding

5. In the event where complete membership 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. A left thumbprint shall be placed to make it authentic.

6. The Sacco shall reference tariffs fees and charges for its products and services in the produce agreements. The Sacco reserves the right at any time and with notice impose charges or increase charges for the use of its products and service

Acts that do not bind either party

Neither party shall be liable for failure or delay in the performance of its obligations under this agreement to the extent that such failure or delay is caused by matters beyond that party's reasonable control including but not limited to destruction arising out of war, rebellion civil commotion, strikes, lockouts and industrial disputes, fire explosions earthquake and or other seismic activity, acts of God, drought or bad weather, the unavailability or other media or other acts or orders of any government department, council or other constituted body. Notice of these circumstances shall be given to the party as soon as practicable For as long as performances of those obligations issuspended the other party may similarly suspend performance of its obligations.

Upon the Sacco receiving notice of the demise of an individual member who is an account holder, such documents as death certificate, letter from the area chief and the burial permit shall be required as a prove. Every member shall be required to nominate the next of kin on this form who shall be allowed to manage the affairs of the account holder after demise. In case of a joint account and one of the account holders dies, the surviving account holder shall be allowed to operate the account if the mandate allows