



KENTOURS REGULATED NON-WDT SACCO SOCIETY LTD

1st Floor, Commodore Office Suites, Kindaruma Road, Kilimani, Nairobi
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Website: www.kentours.co.ke. Email: info@kentours.co.ke

Affix Colour
Passport-Size
Photo for each
signatory

GROUPS MEMBERSHIP APPLICATION FORM

PLEASE READ THE NOTES ON THE LAST PAGE BEFORE COMPLETING THE FORM.
COMPLETE THE FORM IN BLOCK LETTERS

A. GENERAL INFORMATION

Group Name (As Per Registration)

Type of Group: Investment Club/Chama ☐ Self-Help/Welfare ☐ Other (Specify)

Registration No. Registration Date KRA PIN No.

Nature of Business

Source of Funds: Savings ☐ Business ☐ Investments ☐ Other (Specify)

Approximate Monthly income: Ksh. Number of Members/Shareholders

B. CONTACT INFORMATION

Registered Office

Postal Address Postal Code Town

Office Telephone Email

Contact Person Contact Person's Designation

Contact Person's Mobile Phone No Contact Person's Email

C. BANKING DETAILS (Any payments by the Sacco will be made to this Account)

Account Name Bank

Bank Branch Account Number

D. DIRECTORS AND PRINCIPAL OFFICERS (OFFICIALS)

	Name	ID/Passport Number	Telephone Number	Occupation	Position Held
1					
2					
3					
4					
5					
6					
7					

E. AUTHORIZED SIGNATORIES

1. First Signatory

Surname	<input type="text"/>	First Name	<input type="text"/>	Other	<input type="text"/>
Nationality	<input type="text"/>	Date of Birth	<input type="text"/>	KRA PIN	<input type="text"/>
ID/PP Number	<input type="text"/>	Phone No. 1	<input type="text"/>	Phone 2	<input type="text"/>
Email Address	<input type="text"/>			Designation	<input type="text"/>
Postal Address	<input type="text"/>	Postal Code	<input type="text"/>	Town	<input type="text"/>
Residential Address	<input type="text"/>				
Specimen	<input type="text"/>				
Signature					

2. Second Signatory

Surname	<input type="text"/>	First Name	<input type="text"/>	Other	<input type="text"/>
Nationality	<input type="text"/>	Date of Birth	<input type="text"/>	KRA PIN	<input type="text"/>
ID/PP Number	<input type="text"/>	Phone No. 1	<input type="text"/>	Phone 2	<input type="text"/>
Email Address	<input type="text"/>			Designation	<input type="text"/>
Postal Address	<input type="text"/>	Postal Code	<input type="text"/>	Town	<input type="text"/>
Residential Address	<input type="text"/>				
Specimen	<input type="text"/>				
Signature					

3. Third Signatory

Surname	<input type="text"/>	First Name	<input type="text"/>	Other	<input type="text"/>
Nationality	<input type="text"/>	Date of Birth	<input type="text"/>	KRA PIN	<input type="text"/>
ID/PP Number	<input type="text"/>	Phone No. 1	<input type="text"/>	Phone 2	<input type="text"/>
Email Address	<input type="text"/>			Designation	<input type="text"/>
Postal Address	<input type="text"/>	Postal Code	<input type="text"/>	Town	<input type="text"/>
Residential Address	<input type="text"/>				
Specimen	<input type="text"/>				
Signature					

4. Forth Signatory

Surname First Name Other
Nationality Date of Birth KRA PIN
ID/PP Number Phone No. 1 Phone 2
Email Address Designation
Postal Address Postal Code Town
Residential Address

Specimen

Signature

Attach a separate sheet if number of signatories exceeds the space provided

SIGNING MANDATE

All to Sign ☐ Any 3 to Sign ☐ Any 2 to Sign ☐ Other (Specify)

F. INDEMNITY & DECLARATION

We confirm that the information given above is true to the best of our knowledge. By signing on this form, we request the Sacco to open an account in our organization name provided. We agree to abide by the by-laws of the Sacco and any amendments thereof. We have read and agreed to abide by the Terms and Conditions of this application. We agree that this account shall be operated solely at the discretion of the Sacco and hereby indemnify the Sacco, against any cost incurred or claims arising out of the account.

SIGNED BY:

	Name	Signature	Date
1			
2			
3			
4			

Any changes to the provided information /documents should be communicated to the Sacco in writing and must be signed per the signing mandate.

G. INTRODUCED BY

Full Name ID No. Tel. No.

H. KENTOURS SACCO PAYMENT ACCOUNTS DETAILS.

All payments to the Sacco should be made per details below.

- Bank:** Co-operative Bank, Green House Mall Branch, Account Number 01120000563700, Swift Code: KCOOKENA
- MPESA:** Paybill Number 194740, Account Number (**Kentours Sacco Membership Number**)

Cash will not be received in the office.

NOTES

REQUIRED DOCUMENTS TO ACCOMPANY GROUPS MEMBERSHIP APPLICATION FORM

1. For each signatory;
 - i. One (1) recent coloured passport photograph;
 - ii. Copy of national ID card/passport;
 - iii. Copy of KRA PIN certificate;
2. Evidence of bank account such as a cancelled cheque, certified bank statement or bank card;
3. List of all members with Names, ID Numbers, Telephone Contacts and signatures for each member;
4. A copy of Certificate of Registration;
5. A copy of the group's KRA PIN certificate where applicable;
6. Signing mandate and minutes/resolution to join Kentours Regulated Non-WDT Sacco.

GROUP MEMBERSHIP TERMS

1. The minimum number of members per group shall be 5;
2. All members of the group must be Kenyan citizens aged 18 years and above;
3. Membership Application Fee will be Ksh. 2,000.00;
4. Minimum Monthly Contribution is Ksh. 5,000.00;
5. Minimum Share Capital is Ksh. 9,000.00 to be fully paid within 3 months;
6. The Sacco By-laws will be provided at cost;
7. The Sacco has in place a loan guard and deposits protection life cover. Members will be required to pay an annual insurance premium at a rate to be determined by the insurer from time to time. In the event of the death or permanent total disability of any member of the group, the insurer will cover deposits and any outstanding loans pro-rata to the number of members in that group;
8. Each group will have 1 vote and one representative to attend the Sacco's General Meetings;
9. Kentours Sacco Board, Supervisory Committee and Staff members cannot be officials of a group;
10. The waiting period to qualify for Sacco loans is 6 months after membership registration, except for Karibu Loan whose waiting period is 3 months;
11. Loans are to be guaranteed with the group's deposits, deposits of members of that group, other Sacco members' deposits or assets owned by the group provided such assets are allowed by the Sacco's Credit Policy. Where deposits are offered as security for a loan, only that portion that is free of any other loan guarantee will qualify;
12. Certified bank statement for the latest 3 months will be required during loans application;
13. Minutes/Resolution to apply for loan or close account will be required before the loan/withdrawal is processed;
14. The group should not belong to more than one SACCO Society serving similar purpose or objective.