



KENTOURS REGULATED NON-WDT SACCO SOCIETY

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INDIVIDUAL MEMBERSHIP APPLICATION FORM

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

Affix Colour
Passport-Size
Photo

1. APPLICANT'S DETAILS

Surname	<input type="text"/>	First Name	<input type="text"/>	Other Name	<input type="text"/>
Nationality	<input type="text"/>	Gender	<input type="text"/>	Date of Birth	<input type="text"/>
ID/PP Number	<input type="text"/>	KRA PIN No.	<input type="text"/>	Phone No.	<input type="text"/>
Postal Address	<input type="text"/>	Postal Code	<input type="text"/>	Town	<input type="text"/>
Residential Address	<input type="text"/>				
County	<input type="text"/>	Sub-County	<input type="text"/>	Location	<input type="text"/>
Email Address	<input type="text"/>	Occupation	<input type="text"/>		
Specimen Signature	<input type="text"/>				

Marital Status: Married ☐ Single ☐ Other (Specify)

If married provide spouse's details below:

Full Name	<input type="text"/>	ID No.	<input type="text"/>	Tel. No.	<input type="text"/>
Email	<input type="text"/>	Residential Address	<input type="text"/>		

2. EMPLOYMENT DETAILS

Employer	<input type="text"/>	Present Station	<input type="text"/>
Designation	<input type="text"/>	Payroll Number	<input type="text"/>

If Self-employed:

Nature of Business	<input type="text"/>
Business Location	<input type="text"/>

3. CONTRIBUTION DETAILS

Mode of Payment: Check-off (For employers who have signed an MOU with the Sacco) ☐ Direct Payments/Deposits ☐

First Date of Contribution (Month and Year) Monthly Deposits Contribution (Ksh.)

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

Account Name	<input type="text"/>	Bank Name	<input type="text"/>
Bank Branch	<input type="text"/>	Account Number	<input type="text"/>

5. INTRODUCED BY

Full Name	<input type="text"/>	ID No.	<input type="text"/>	Tel. No.	<input type="text"/>
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6. NOMINATED NEXT OF KIN (Applicant must additionally fill the Nominee Card provided separately)

I, the undersigned in the event of my death while a member of the Sacco, hereby instructs the Sacco to pay all amounts due to me less any debt to the Sacco, to my nominated next of kin as indicated in the Nominee Card irrespective of any will made by me. I understand that I may alter the name of the nominated next of kin only by special written instructions to the society.

7. INDEMNITY & DECLARATION

I confirm that the information given above is true to the best of my knowledge. By signing on this form, I request the Sacco to open an account in my name as provided. I agree to abide by the by-laws of the Sacco and any amendments thereof. I have read and agreed to abide by the Terms and Conditions of this application. I 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 APPLICANT:

Name: _____ **Signature** _____ **Date** _____

Any changes to the provided information /documents should be communicated to the Sacco in writing.

8. KENTOURS SACCO PAYMENT ACCOUNTS DETAILS.

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

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

Cash will not be received in the office.

9. NOTES

REQUIRED DOCUMENTS TO ACCOMPANY MEMBERSHIP APPLICATION FORM

1. One (1) recent coloured passport photograph;
2. Copy of national ID card/passport;
3. Copy of KRA PIN certificate;
4. Evidence of bank account such as a cancelled cheque, bank statement or debit card
5. Completed Nominee Card.

MEMBERSHIP TERMS

1. An applicant must be a Kenyan citizen aged 18 years and above;
2. Membership Application Fee will be Ksh. 1,000.00;
3. Minimum Monthly Contribution is Ksh. 1,000.00;
4. Minimum Share Capital is Ksh. 9,000.00 to be fully paid within 25 months;
5. The Sacco By-laws will be provided at cost;
6. 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;
7. The waiting period to qualify for Sacco loans is 6 months after membership registration, except for Karibu Loan whose waiting period is 3 months;
8. Loans are to be guaranteed with own deposits, other Sacco members' deposits or assets owned by the member provided those assets qualify per the Sacco's Credit Policy. For non-checkoff members, only that portion of deposits that is free of any other loan guarantee will qualify as security;
9. A member should not belong to more than one SACCO Society serving similar purpose or objective.