



KENTOURS REGULATED NON-WDT SACCO SOCIETY LTD

P.O. Box 79333 - 00200 Nairobi, Kenya · Tel. 0709 309000 · Cell: 0722 968596 or 0733 667596
Website: www.kentours.co.ke. Email: info@kentours.co.ke

JIPANGE SAVINGS APPLICATION FORM

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

1. MEMBERS'S DETAILS

Surname Name	<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"/>		

2. CONTRIBUTION DETAILS

Mode of Payment: Check-off ☐ Employer Name Direct Payments/Deposits/Mpesa ☐

Contribution start date Monthly Deposits Contribution (Ksh.)

Reason for saving: School fees (), Christmas (), Easter (), Idd (), Others (Specify).....

3. INDEMNITY & DECLARATION

I confirm that the information given above is true to the best of my knowledge. 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.

In the event of my death while a member of the society, I hereby instruct the society to pay all amounts due to me in the Jipange savings account less any debts to the society, 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.

Name: Signature _____ Date

4. 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

- Membership Application fee is Kshs 100;
- Minimum monthly contribution is Kshs 500;
- The account minimum balance is Kshs. 1,000.00;
- The account will earn interest at 6% per annum subject to a minimum three months operating period and balance of Ksh. 10,000.00;
- No monthly ledger fee is charged on the account & withdrawal can be done anytime
- Withdrawal fees of Ksh. 100.00 is charged on each transaction & excise duty of 20% on the withdrawal fee