KENTOURS REGULATED NON-WDT SACCO SOCIETY LTD

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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		First Name		Other Name	
Nationality		Gender		Date of Birth	
ID/PP Number		KRA PIN No.		Phone No.	
Postal Address		Postal Code		Town	
Residential Address					
County		Sub-County		Location	
Email Address		Occupation			

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. NOMINEE DECLARATION

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 change details of the nominee(s) only by special written instructions to the Society.

4. DECLARATION, INDEMNITY AND CONSENT

a. I confirm that the information given above is true to the best of my knowledge. I have read and agreed to abide by the Terms and Conditions of this application. I also agree to abide by the By-Laws of the Sacco and any amendments thereof. By signing this form, I request the Sacco to open an account in my name as provided. I agree that this account shall be operated solely for lawful transactions with the Sacco and I hereby indemnify the Sacco, against any cost incurred or claims arising out of the account.

b. I consent to the collection, processing and storage of my personal data and images for the purpose of maintaining my Sacco account. I also consent to the sharing of my personal data and images with the Sacco's partner organizations, service providers or individuals for lawful purposes. I further consent to the storage and publication in any lawful media platform of my videos, voice recordings or images taken while attending Kentours Sacco's events. I have indemnified the Sacco against any loss or injury arising out of any claim as a result of processing, storing and sharing of my personal data, images, voice recordings or videos.

Name: …… Signature……Date ……

NOTES:

A. KENTOURS SACCO PAYMENT ACCOUNTS DETAILS

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

B. MEMBERSHIP TERMS

1. Account Opening fee is Kshs 100 plus excise duty at applicable rate (currently at Ksh. 20);
2. Minimum monthly contribution is Kshs 500;
3. The account minimum balance is Kshs. 1,000.00;
4. The account will earn interest at 6% per annum subject to a minimum three months operating period and minimum balance of Ksh. 10,000.00;
5. No monthly ledger fee is charged on the account & withdrawal can be done anytime
6. Withdrawal fee of Ksh. 100.00 plus tax at applicable rate will be charged when withdrawing.