



KENTOURS REGULATED NON-WDT SACCO SOCIETY LTD

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MEMBERSHIP REACTIVATION FORM

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

I, the undersigned, wish to reactivate my dormant Kentours Sacco Society Limited account. I do hereby agree to remit my monthly contribution of Kshs..... towards my deposits through employer check-off system or any other mode of payment acceptable to the Sacco with effect from 20.....

I understand that I have to comply with all membership requirements per the Sacco's By-Laws at the time of this application.

APPLICANT DETAILS

Full Name: ID /PP No: (Attach Copy)

KRA PIN No (Attach Copy of Certificate) Date of Birth:

Gender..... Phone No: Email Address:

Physical Address (Home/Estate/Street/House Number)

Home Address: P.O. Box Postal Code..... Town

County..... Sub-County..... Location.....

Reasons for Dormancy.....

MARITAL STATUS

Married ☐ Single ☐ Other (specify)

If married provide spouse's details below:

Full Name of Spouse..... I.D/Passport No.

Email: Phone No.: P.O Box Code.....

Physical Address (Home/Estate/Street/House Number)

CURRENT EMPLOYMENT DETAILS

Employer:..... Physical Address / Station:.....

Office Telephone:..... Your Designation:..... Department:.....

BUSINESS DETAILS (FOR SELF-EMPLOYED MEMBERS)

Name of Business:..... Nature of Business:.....

Physical Address (Home/Estate/Street/Unit Number)

CONSENT & INDEMNITY

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.

Applicant's Signature..... Date:

NOMINATION OF NEXT OF KIN

Every Sacco member is required to fill the below form, nominating a beneficiary who would be paid amounts due from the Sacco in the event of death.

Pursuant to By-Law 9 of this Society, I of
ID/No in the event of my death while a member of the Society, hereby instruct the Society to pay all
amounts due to me, less my debt to the Society, to the person(s) named below irrespective of any will made by me.

1. Name..... ID/No.....
Relationship..... Percentage.....
Postal Address..... Physical Address
Tel No..... E-mail:

2. Name..... ID/No.....
Relationship..... Percentage.....
Postal Address..... Physical Address
Tel No..... E-mail:

3. Name..... ID/No.....
Relationship..... Percentage.....
Postal Address..... Physical Address
Tel No..... E-mail:

I also understand that for any of my nominated beneficiaries **(above)** under the age of 18 at the time of my death, any benefits payable will be paid to my **Appointee/Guardian** named below:

Name (Appointee / Guardian) :	Relationship:	P.O. Box:	Code:	Town:
Email:	Tel. No:		Alternative Tel. No:	
ID/PP No: (attach a copy)	KRA PIN (attach a copy)			

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

SIGNED BY MEMBER/APPLICANT

Signature Date.....

WITNESSES

1st Witness Name..... ID/No.....
Signature..... Mobile phone No. Date.....

2nd Witness Name..... ID/No.....
Signature..... Mobile phone No. Date.....

DEPENDANTS DECLARATION FORM

The Sacco has a group last expense (funeral) cover in the event of death of a Sacco member's spouse or child. The insurance cover extends to only the spouse and up to 4 (four) children whose details have been provided on this form. The age limits are 18 to 80 years for spouse and 1 day to 21 years for children. Children between ages 21 and 25 years are covered provided there is evidence of them being full-time students. Payout is currently pegged at Ksh. 100,000 per death but is subject to review from time to time.

1. SPOUSE'S DETAILS

Name (per the National ID Card/Passport): _____

ID/Passport No: _____ Date of Birth: _____ (dd/mm/yyyy)

2. CHILD'S DETAILS (For children up to 21 years of age or up to 25 years if there is proof, they are full-time students)

a. Name of First Child (per ID/PP/Birth Cert. or Notification): _____

Child's Gender: Male ☐ Female ☐ ID/Passport No: _____ Date of Birth: _____

b. Name of Second Child (per ID/PP/Birth Cert. or Notification): _____

Child's Gender: Male ☐ Female ☐ ID/Passport No: _____ Date of Birth: _____

c. Name of Third Child (per ID/PP/Birth Cert. or Notification): _____

Child's Gender: Male ☐ Female ☐ ID/Passport No: _____ Date of Birth: _____

d. Name of Fourth Child (per ID/PP/Birth Cert. or Notification): _____

Child's Gender: Male ☐ Female ☐ ID/Passport No: _____ Date of Birth: _____

Member's NameSignature.....Date:

NOTES

A. KENTOURS SACCO PAYMENT ACCOUNTS DETAILS

i Bank Account

Name: Kentours Regulated Non-WDT Sacco Society Limited

Bank Account Number: 01120000563700

Bank: Co-operative Bank of Kenya Limited, Green House Mall Branch

Bank Code: 11153

Swift Code: KCOOKENA

ii MPESA

Paybill Number: 194740,

Account Number: (Kentours Sacco Membership Number)

Cheques, electronic funds transfers, bank standing orders and direct bank deposits are acceptable modes of payment. Cash will not be received in the Sacco office.

B. REQUIRED DOCUMENTS TO ACCOMPANY MEMBERSHIP REJOINING FORM

- One (1) recent coloured passport photograph;
- Copy of national ID card/passport;
- Copy of KRA PIN certificate;
- Evidence of bank account such as a cancelled cheque, bank statement or debit card;

C. MEMBERSHIP TERMS

- Minimum Monthly Deposits Contribution for members without loans is Ksh. 1,500.00;
- Minimum Share Capital is Ksh. 9,000.00 to be fully paid within 25 months;
- The Sacco By-laws will be provided at cost;
- The Sacco has in place a group funeral expense, loan guard and deposits protection insurance cover. Members will be required to pay an annual insurance premium at a rate to be determined by the insurer from time to time;
- The waiting period to qualify for Sacco loans is 6 months after membership rejoining, except for Karibu Loan whose waiting period is 3 months;
- Loans are to be guaranteed with own deposits, other Sacco members' deposits or assets collaterals 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;
- A member should not belong to more than one SACCO Society.
- A fee of Ksh. 1,000.00 plus tax at applicable rate will be charged when exiting the Sacco membership.

D. MOBILE BANKING SERVICES TERMS

- i. Only Safaricom mobile telephone number duly registered for M-pesa in the applicant's name shall be accepted;
- ii. Registration by proxy will not be accepted;
- iii. The Society shall register only one mobile telephone number per member;
- iv. The Society is not responsible for the security of member's secret passcode and shall only regenerate another one upon a request on the duly authorized M-Jisort PIN Reset Form. Members should therefore exercise due care to ensure safety of their passcodes;
- v. Normal M-pesa charges including excise duty at the prescribed rates apply;
- vi. Any suspected fraudulent activities with a registered mobile telephone number shall lead to automatic deregistration and subsequent forwarding of information to the relevant law enforcement agents and telephone companies.

E. ANY CHANGES TO THE PROVIDED INFORMATION /DOCUMENTS SHOULD BE COMMUNICATED TO THE SACCO IN WRITING.