



WE ARE ISO 9001:2015 CERTIFIED

MEMBERSHIP (BOSA/FOSA) APPLICATION FORM

INSTRUCTIONS

Complete this form and send to us via email customercare@kimisitusacco.or.ke or drop it at our offices

PERSONAL DETAILS

Names as per ID/P/PassportDate of birth

Marital StatusGenderMobile No.....

Alternate Mobile NoID NO

Personal EmailWork Employer.....

KRA PIN Postal AddressCode.....

TownEmployerLocation

Terms of ServiceOfficial Designation

NEXT OF KIN (TO BE CONTACTED IN CASE OF EMERGENCY)

Name RelationshipMobile Number.....

BENEFICIARY (PERSON(S) DESIGNATED TO RECEIVE FUNDS/BENEFITS IN THE UNFORTUNATE EVENT OF LOSS OF LIFE)

NO.	Name	Relationship	Allocation %	ID No.	Tel Contact

AUTHORITY TO PROCESS MY SALARY THROUGH MY FOSA ACCOUNT

This is to confirm that my monthly deductions shall be done through (Tick one)

Employer Check off Kimsitu FOSA Standing order Standing order, Bank deposits, mobile money deposits

In making this membership application, I do hereby agree to conform to the society's By-laws and any amendments thereof. I am also aware that the Sacco shall open for me FOSA and BOSA accounts.

M-KIMISITU REGISTRATION

Funds disbursed to FOSA A/C are accessible through mobile hence M-Kimisu registration is to facilitate moving funds to your M-Pesa A/C or transfer to your bank account.

M-PESA REGISTERED NUMBER	
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I wish to contribute Ksh (Amount in words).....

as monthly deposits and Ksh

..... amount in word as share capital per month

Signature of Applicant Date

Member Introduced by..... Member No.

IMPORTANT NOTES:

1. Registration fee Kshs.1,022 via Mpesa pay bill 911200, Account No.-ID, followed REG e.g. 12346578REG
2. Share Capital is Kshs.30,000: The member pays Kes.5,000 in the first month and the balance to be paid in maximum of 25 months.
3. Attach a copy of your ID/Passport, KRA Pin, recent passport size photo
4. For individual membership, kindly attach employment letter or most recent payslip
5. **Note:** Upon registration and payment of initial Kes.5,000 as share capital, subsequent share capital contribution per month is a minimum of Kes.1,000. A member must have the minimum required share capital of Kes.30,000 within 25 months after joining the Sacco

C) DECLARATION:

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief, and agree to abide by the by-laws of the Society. I hereby authorize the necessary deductions to be made from my future interest on deposits or offset against deposits should I withdraw before the year ends.

Signature Date Witnessed by (Name

.....(One Must be a member) (Institution)

M/No Signature Date

EMAIL INDEMNITY:

I do authorize within the framework of functioning of Kimisitu Sacco that Email instructions (if opted for) will be acted upon without any other written confirmation unless instructed otherwise. In consideration of the Sacco acting in accordance with the terms of this indemnity, the Member undertakes to indemnify the Sacco and to keep the Sacco indemnified against all losses, claims, actions, proceedings, demands, damages, costs and expenses incurred or sustained by the Sacco whatever nature and howsoever arising, out of or in connection with such notices, demands or other communications, provided only that the Sacco acts in good faith, except where such losses, claims, actions, proceedings, demand, damages, costs and expenses arise through the willful negligence of the Sacco. Such instructions will only originate from email address provided (a pre-specified email address) who. se instructions shall be complied with until otherwise advised in writing. I confirm that I have read, understood, and complied with all the membership terms and conditions as contained in the by-laws and the particulars I have given are true to the best of my belief.

Signature of Applicant **Date**

FOR OFFICIAL USE ONLY

Date of Admission *Member Number*

Action by *Signature* *Date*

Approved by *Signature* *Date*

Marketing and Business Development Manager.

Name *Signature* *Date*