

Please fill in Capital Letters with a BLUE PEN



Attach Coloured Passport Photo

(On a blue background)

Date of Application e.g (01/August/2020)

Membership Application Form

www.sucasasacco.co.ke

Applicant's Details

Full Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sex	<input type="checkbox"/>	<input type="checkbox"/>
Mobile No.	<input type="text"/>	Alt Cell No.	<input type="text"/>			
E-mail address	<input type="text"/>	*Date of birth e.g (01/August/2020)	<input type="text"/>			
Marital Status	<input type="text"/>	*National ID/passport No.	<input type="text"/>	Postal Address	<input type="text"/>	
*Present Home Residence	<input type="text"/>	Rental <input type="checkbox"/>	Permanent <input type="checkbox"/>	I.C.E No. In Case of Emergency	<input type="text"/>	
County	<input type="text"/>	Sub County	<input type="text"/>	Location	<input type="text"/>	
*Rural Home Residence	<input type="text"/>	Rental <input type="checkbox"/>	Permanent <input type="checkbox"/>	County	<input type="text"/>	
Sub County	<input type="text"/>	Location	<input type="text"/>	Source of Income: (Check)	<input type="checkbox"/>	<input type="checkbox"/>
				Salary	<input type="checkbox"/>	<input type="checkbox"/>
				Wages	<input type="checkbox"/>	<input type="checkbox"/>
				Pension	<input type="checkbox"/>	<input type="checkbox"/>
				Business	<input type="checkbox"/>	<input type="checkbox"/>
				Other	<input type="checkbox"/>	<input type="checkbox"/>

Sources of Income

SECTION ONE: Employment Details (To be completed by an employed applicant)

*Employer	<input type="text"/>					
Department /Designation	<input type="text"/>	Date of appointment e.g (01/August/2020)	<input type="text"/>	Station /Branch	<input type="text"/>	
Employer's address	<input type="text"/>			Gross Monthly Income	<input type="text"/>	
Payroll No.	<input type="text"/>	Employer's Cell No.	<input type="text"/>			
Others (Specify)	<input type="text"/>					

SECTION TWO: Business Details (to be completed by a business-owner applicant)

Registered Business Name	<input type="text"/>	Business Address	<input type="text"/>			
Nature of Business	<input type="text"/>	Approximate Monthly Income	<input type="text"/>			
Business Location	<input type="text"/>					

OTHER SOURCES OF INCOME (to be completed by a pension beneficiary or any other form of income recipient)

Pension Income	<input type="checkbox"/>	Others (Specify)	<input type="text"/>			
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Proposed Monthly Contributions	<input type="text"/>	Amount in words	<input type="text"/>			
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Proposed mode of remittances	Standing order <input type="checkbox"/>	Direct debit <input type="checkbox"/>	Others Specify <input type="text"/>	*Effective date e.g (01/August/2020)	<input type="text"/>	
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Next of Kin/Nominees' Information

Full Name	ID/Brth Cert No.	Relationship	Contacts Address/Mobile	Date of Birth	%

Applicant Signature Date e.g (01/August/2020)

Witness Name Signature

REFEREE

(To be filled by the member introducing the applicant)

I Personal Information No. Membership Number

Confirm that the applicant Mr/Mrs/Ms is well known to me for and that he / she is capable of independently operating an account as a member of su Casa SACCO.

He / She is my (wife/husband, son, daughter or friend etc) Referee's signature Date e.g (01/August/2020)

MEMBERSHIP ELIGIBILITY

Any natural, legal or a group of person(s) eligible for membership of the society may apply by completing an "application for membership" form, and may be admitted if they meet the following requirements:

- 01) Is within the field of membership provided for in the bylaws.
- 02) Is not less than eighteen years of age, if a natural person.
- 03) Is not a member of another salary based Sacco in the country.
- 04) Is not directly, a money lender or carrying out such activities detrimental to the objectives of the society.
- 05) Is of good character.
- 06) Is introduced by an existing member.
- 07) Has regular income from employment, business or trade.
- 08) Has paid entrance fee and minimum shares as prescribed in the membership policy.
- 09) Has completed Members Personal Information (MPI) card, appointing a nominee(s).
- 10) Has understood the objectives of the Society, his obligations as a member and other membership requirements as stated in the Society By-law.

MEMBERS' RIGHTS

The following are the rights that you enjoy as a member of su Casa SACCO:

- 01) Receiving, periodically and regularly, or upon request, and at least once a year, a statement of accounts containing the individualised record of his credit and debit transactions.
- 02) Attending and participating in elections within the electoral zone. Each member shall have one vote irrespective of his/her total shareholding.
- 03) Electing representatives to attend and participate at a general meeting.
- 04) Electing or be elected as an officer of the society, unless otherwise prohibited by any other law or these by-laws.
- 05) Using the Society's services according to the policies and procedures approved by the Board of Directors.
- 06) Submitting projects or initiative to the Board of Directors, for the improvement of the society's services.
- 07) Appointing a nominee.
- 08) Participating in the sharing of the Society's surpluses.
- 09) Accessing all legitimate information relating to the Society, including internal regulations, registers, minutes of the General Meetings,
- 10) Supervisory Committee reports, annual accounts and inventories, investigation reports, at the registered office of the Society, subject to the Society's policies and regulations in force at the time.

- 11) Voting on all matters put before the electoral zone.
- 12) Enjoying all other rights as prescribed by the Co-operative Act and the Rules.

MEMBERS' OBLIGATIONS

As a member of su Casa SACCO, you are obliged to:

- 01) Be faithful and honest in all their dealings with the Society.
- 02) Observe the law, the rules and these By-laws whenever transacting any business with the society.
- 03) Observe the code of conduct and ethics of the Society, and in particular desist from any corrupt practices in all dealings with the Society.
- 04) Refrain from engaging in the business of money lending in competition with the society.
- 05) Protect the image of the Society and avoid unnecessary publicity, incitement or careless talk that can injure the reputation of the Society.
- 06) Inform the Chief Executive Officer in writing of change on my physical address and contact details whenever they occur.
- 07) Pay my debt obligations to the society without fail and save regularly with the Society.
- 08) Seek cooperative education to improve my awareness and enlightenment on cooperative matters.
- 09) Attend meetings and education forums and take part in Society's decision-making.
- 10) Inform non-members and encourage them to join the Society.
- 11) Identify problems affecting the Society and suggest solutions.
- 12) Participate in the Society's projects, both physically and financially.
- 13) Make use of the services of the Society as stated in its objectives.
- 14) Comply with these By-laws, the Co-operative Act, the Sacco Act, Rules, Regulations and resolutions of General Meetings.

CONDITIONS FOR USE OF MEMBERSHIP CARD

GENERAL CONDITIONS

- 01) The Membership Card is neither a credit card nor a cheque guarantee card and shall not be presented as such.
- 02) The Membership Card is for use only at Co-op Bank ATMs, other Bank Visa enabled ATMS and at Visa-merchant point of sales.
- 03) The Sacco reserves the right to withdraw the use of Membership Card or to refuse request for authorisation of any Membership card transaction at any time and without prior notice.
- 04) The Membership Card once issued to the Cardholder is not transferable.
- 05) The Membership Card is the property of the Sacco and the Card holder undertakes to return the card to the Sacco/FOSA on demand.
- 06) The Card must not be used for any unlawful purpose, including the purchase of goods or services prohibited by local and international law.

USE OF PERSONAL IDENTIFICATION NUMBER (PIN)

MEMBERSHIP CARD PIN

- 01) The Cardholder will be issued with a PIN.
- 02) The Cardholder shall exercise due care and attention to ensure safety of the card and secrecy of the PIN at all times and to prevent the loss of and or use of the card or PIN by any third party.
- 03) The Sacco is authorized to debit the Cardholder's account with all amounts withdrawn by means of the Membership Card using PIN.
- 04) The Cardholder must not put the card and PIN together. The Cardholder should change the PIN immediately on suspicion the PIN is compromised.

LOST/STOLEN MEMBERSHIP CARD

MEMBERSHIP CARDS

- 01) If the Membership Card is lost or stolen or misplaced the Cardholder must notify the Sacco or call the number on the reverse side of the Membership Service Point. Verbal notification must be confirmed in writing immediately; and a lost/stolen letter of indemnity shall be signed by the cardholder.
- 02) A lost or stolen card notice shall indicate the particulars of the cardholder including name, address, branch that issued the card, account number, card number, and date of reporting. Once the notice is received the particulars of the Lost/Stolen Membership Card will be keyed in on the Hot Cards List.

- 03) In case of dispute over effective date and time of reporting loss or theft, in relation to (01) above, the time and date of the receipt of the written confirmation shall be regarded as the date of notification to the bank.
- 04) The Cardholder shall be liable in respect to any transaction instructions affecting the Sacco account that is given with a valid PIN.
- 05) The Cardholder shall give to the bank or any person acting on Bank's behalf all necessary assistance in any investigations, avail all informations as to the circumstances of the loss or theft of the Membership Card, and take all reasonable steps to assist recovery of the Membership Card.
- 06) A lost card that is recovered by the Cardholder should be returned to the nearest branch of the Sacco. The Sacco or bank has discretion on approving continued use of such a card.
- 07) If the report of a loss or theft of card is communicated by someone other than the cardholder, the Sacco/Bank shall not be held liable for any damages thereto.

SIGNATURE

The cardholder should sign on the panel provided on the reverse of the card on receiving the card. The signature should be similar to that on the National ID otherwise the card maybe rejected by merchants.

24HR SERVICE HOTLINE

The card 24hr hotline number is found on the reverse side of the Membership card. Cardholders should keep the 24hr hotline number in their mobile number or frequently used telephone book.

REPLACEMENT OF CARDS

The Sacco shall replace lost or damaged cards within two (02) weeks. The Cardholder will be expected to pay for the card at a rate that may change from time to time.

FORGOTTEN PIN

If a PIN is forgotten the Cardholder shall return their Membership card to the SACCO where a replacement card will be ordered at a fee.

CANCELLATION, STOPPAGE OF MEMBERSHIP CARDS AND PAYMENT

- 01) The Cardholder may at any time cancel his/her Membership Card by returning it to the point of issue. If the return is made by mail the card must be cut into two.
- 02) Payments made by means of Membership debit card are irrevocable.
- 03) In case of a problem the Bank/Sacco may at any time cancel and/or stop a card without notice or assigning any reason and without incurring any liability to the Cardholder until a solution is found.
- 04) On closing of the account on which the Membership Card is operated, it shall be the duty of the Cardholder to return the card immediately to the point of issue.

CHARGES

The Sacco shall levy charges for the use of service which may change from time to time.

LIABILITY OF A CARDHOLDER

Subject to above condition, Cardholders shall be fully liable in respect of every transaction arising from his instructions.

All fields with () are mandatory.

ATTACH THE FOLLOWING

(Tick as you appropriately confirm the attachments)

Copy of Government issued Identity Card

Two (02) coloured passport size photos

Duly filled Member Personal Information Form (MPI Card)

Member Interviewed by

Signature

Date e.g (01/August/2020)

This application has been approved under the following membership category:

- Infants/Children
- Adult/regular
- Couple
- Family
- Group
- Corporate
- 52 Weeks Savings Challenge
- Any other

Membership approved by

Signature

Date

Personal Number

Member Number

Data captured by

Signature

Date

System approved by

Signature

Date

Members file opened by

Signature

Date

THE WARMTH OF UNITY



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