

SERIAL No.

BANDARI DT SACCO LTD



MEMBERSHIP APPLICATION FORM

P.O. Box 95011 -80100, Docks Mwisho, Next to KPA Gate 10 Mombasa.

Call Centre: 0724002525/ Email: info@bandarisacco.co.ke

Website: www.bandarisacco.co.ke

Attach
Passport photo

Please complete in BLOCK LETTERS.

This form is complete when attached: Recent colored passport Photograph, Copy of National ID/Valid Kenyan Passport/Alien ID and a Copy of KRA PIN.

I hereby make an application for membership and agree to conform to Bandari DT Sacco Society LTD's By-Laws.

APPLICANT'S DETAILS

Account Name _____
Full Name (Mr./Mrs./Ms./Miss./Dr./Prof/Others.) _____
Date of Birth _____ Place of Birth _____ ID/Passport No. _____
Citizenship(s) 1) _____ 2) _____ Country of Residence _____
Postal Address _____
Personal Phone No. _____ Office No. _____
KRA PIN No. _____
Email _____ Other Mailing Address _____
Occupation _____ Employer _____ Employer's Contact _____

CHEQUE BOOK

Do you want to be issued with a cheque book? Yes ☐ No ☐
If yes, indicate the number of leaves: 25 ☐ 50 ☐ 100 ☐

MOBILE BANKING

Would you like to register for mobile banking services for this account? Yes ☐ No ☐

If yes. Provide Mobile number which must be same as primary number. _____

REMITTANCES

Proposed Monthly Contributions: Deposit (NWD) Kes. _____ Share Capital Kes. _____

Proposed mode of remittances: Check Off ☐ Direct Debit ☐ MPES ☐ Others (Specify)

INTRODUCED BY

Please specify on how you came to know/ learn about the Sacco:

Bandari DT Sacco Staff	Name:	Staff No.
Existing Member	Name:	Member No.
Others (Please Specify):		

NEXT OF KIN DETAILS.

I the undersigned, upon my demise while a member of the Society, hereby instruct the Society to notify my family through:

NAME	NATIONAL ID/ PASSPORT NO.	DOB	RELATIONSHIP	TELEPHONE NO.

NOMINEE DETAILS.

Upon my demise Pay all amounts due to me less any debts to the Society, to the person (s) named in this section in the absence of **nominee card**. I therefore understand that this nomination will automatically be nullified by subsequent filling of nominee card.

NAME	NATIONAL ID/PP NO	DOB	RELATIONSHIP	TELEPHONE	PERCENTAGE % ASSIGNED

Please provide a guardian if the nominee (s) is/are below 18years

NAME	NATIONAL ID	MOBILE NUMBER

SIGNATURE AUTHORITY OR ACCOUNT MANDATE

Singly ☐ Either to sign ☐ All to sign ☐ Any two to sign ☐ Others(Specify)_____

Preferred dispatch mode for regular statements (Tick preferred) Email ☐ Post ☐ To collect. ☐

DECLARATION I confirm that the information provided herein, and the disclosure made are true.

Name in full(Block Letters)	National ID/Passport No	Specimen Signature

OFFICIAL USE ONLY.

Form Completed By/In Presence of	Details Input by	Account Verified by

ACCOUNT OPENING CHECKLIST.

Original ID/Passport Sighted ☐ Specimen Signature Obtained ☐ Cheque Book Ordered ☐
ID/Passport Copies Obtained ☐ Signed Terms and Conditions ☐ Signature Scanned ☐
ATM Service Data Keyed in ☐ Photo Taken ☐ Spot Cash Registered ☐
Application Details Completed ☐ KRA PIN Certificate Copies Obtained ☐

I confirm having checked that all the above details have been completed in accordance with KYC procedures and that relevant documents are attached. I confirm acceptance of this Member contract with Bandari DT Sacco Society.

Branch Manager _____ **Signature** _____

PF No. _____ **Date** _____

GENERAL CONDITIONS.

The relationship between the FOSA and the Member is governed by the laws of Kenya except where general terms and conditions apply and subject to any further agreement in writing. Specific terms apply to specific accounts and products and are available to the Member upon request.

MEMBER INSTRUCTIONS

Any transactions or charges done on the Member’s account will take into consideration instructions from the account holder, except that the FOSA may, nevertheless, refuse to carry out any instruction resulting into an overdraft.

AUTHORISED SIGNATORIES

The signatory or signatories to the account held in the FOSA will remain as described unless stated otherwise specified by the Member(s) in writing.

SET – OFF

The FOSA may without notice off-set Loans against any account or indebtedness of a Member

- x Any other account, whether being a loan, savings etc.
- x Any Fixed or other time deposits.

DEPOSIT OF CHEQUES

All cheques or other orders for payment of whatsoever nature are accepted for deposit or collection at the risk of the Member. Where any cheque or order is unpaid for any reason whatsoever (including but not limited to physical loss) the FOSA may debit the Member with the amount previously credited (taking into account any change in exchange rate where relevant) in respect to cheque or order, plus interest/or bank commissions in case the account is overdrawn.

In the event the new account is opened by personal cheque the member must Deposit cash 1500/- to caution Sacco against bounced cheque charges

VARIATION AND TERMINATION OF RELATIONSHIP

The FOSA may at any given time, upon giving notice to the Member, terminate or vary its business relationship with the Member. The FOSA may cancel credit which has been granted and subsequently demand repayment of outstanding debts from within such time as the FOSA may determine.

The FOSA may at any time freeze any account of the Member, if and so long as there is any dispute or the FOSA has doubt for any reasons (Whether or not well founded) as the person or persons entitled to operate the same without any obligation to institute interpleaded proceedings or take any step of its own initiative for the determination of such dispute of doubt.

COMMUNICATION

All correspondence in form of letters, statements, and notices by the FOSA will be sent to the last postal or email address given by the Member(s). Correspondence will be deemed to have been received seven days from the date of posting.

MEMBER

The term “Member” shall include any individual person, Groups, Partnerships, Organizations or Corporate entities.

FOSA

The term “FOSA” refers to Bandari Sacco Limited, Front Office Savings Activities.

INDEMNITY

I/we agree that this account shall be operated Solely at the discretion of the FOSA and hereby agree to indemnify the FOSA at my cost against any loss or claims arising out of the account being closed by the FOSA without notice because of unsatisfactory performance. I agree to the terms and conditions herein.

Name:

ID/PP NO:

Signature:

Name:

ID/PP NO:

Signature:

Name:

ID/PP NO:

Signature:

Name:

ID/PP NO:

Signature:

FOR ADDITIONAL OFFICIALS (GROUPS AND COMPANIES)

APPLICANT'S DETAILS

Account Name _____

Full Name (Mr./Mrs./Ms./Miss./Dr./Prof/Others.) _____

Date of Birth _____ Place of Birth _____ ID/Passport No. _____

Citizenship(s) 1) _____ 2) _____ Country of Residence _____

Postal Address _____

Personal Phone No. _____ Office No. _____

KRA PIN No. _____

Email _____ Other Mailing Address _____

Occupation _____ Employer _____ Employer's Contact _____

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Name in full(Block Letters)	National ID/Passport No	Specimen Signature

Cite any exemption _____