



UN DT SACCO
Your Financial Anchor

MEMBERSHIP APPLICATION FORM

Requirements:

1. Passport size Photograph
2. National ID (Kenyans)/Valid Passport (Non-Kenyans)
3. A copy of Current Employment Contract/Pay slip
4. K.R.A Personal Identification Number (PIN) for Kenyans
5. For Kin applicants attach Marriage or Birth Certificate

A. Applicant's Personal Details

STATUS: New Member Rejoining (Tick as appropriate)

TYPE OF MEMBER: Principal Member (Staff) Spouse Son/Daughter

FULL NAME: _____ GENDER: Male Female Other

DOB: EMPLOYMENT NO.: _____ AGENCY: _____

PAYROLL AGENCY: _____ NATIONALITY: _____

CURRENT POSTAL ADDRESS: _____ RESIDENCE: _____

PERMANENT POSTAL ADDRESS: _____ COUNTY/DISTRICT/STATE: _____

MARITAL STATUS: Single Married Widowed Divorced Other

ID/PP NO.: _____ CELLPHONE NO.1: _____ 2. _____ KRA PIN: _____

COUNTRY OF RESIDENCE: _____ DUTY STATION: _____

PERSONAL EMAIL: _____ EMAIL 2: _____

INTRODUCER'S NAME: _____ MEMBER NUMBER: _____

B. Declaration

I hereby make an application for membership and agree to abide by the UN DT SACCO by laws and/or any amendments thereof, the laws, policies, regulations and the terms and conditions for all my accounts. I further understand that the operations of the FOSA Savings Account will be subject to the tariffs which are subject to review by the management in line with business needs and agree to be bound by the same.

Applicant's Signature: _____ Date: _____

C. Nominee(s) / Next of Kin

I hereby nominate the persons listed below as nominees and/or beneficiaries to my account in case of my demise. I understand that while acting in compliance to the law, the bylaws, and the policies, the SACCO will abide by this list as my final will. The SACCO shall not be liable to any challenge, litigation, disagreements or errors that may arise as a result of any interest in the estate/ savings. The payments shall be made after settling all debts or obligations that may be associated with my account.

Where minors are named as beneficiaries, a guardian must be provided. The SACCO is not obliged to pay the guardian and may advise the appointment of the guardian as legal trustee of the minor.

Full Name	Relation to Member	Allocation in %	ID/Passport No. (Indicate if Minor)	Postal/ Email/ Telephone/Address	Guardian Details Name & ID (for minors)

Applicant's Signature: _____ Date: _____

Witness

1. Name: _____ Sign: _____ Date: _____

2. Name: _____ Sign: _____ Date: _____

TO: UN DT SACCO

PAYROLL AGENCY: _____

AUTHORITY TO MAKE DEDUCTIONS FROM SALARY

I.....Index No.....hereby authorize you to deduct Kenya shillings.....(Kshs.....) From my monthly salary and pay to United Nations Deposit Taking Savings & Credit Co-operative Society Limited with effect from the month of20..... until further notice. Instructions to terminate this can only be given with a written approval of the United Nations Deposit Taking Savings & Credit Co-operative Society Limited. Please deduct an Entrance/Registration Fee of Kshs. 2,000/= or a Rejoining Fee of Kshs. 3000/= along with the first contribution.

NON CHECK-OFF CONTRIBUTIONS

I.....Index No.....hereby wish to contribute Kenya shillings.....(Kshs.....) as monthly deposit to United Nations Deposit Taking Savings & Credit Co-operative Society Limited with effect from the month of20..... until further notice. Instructions to terminate this can only be given with a written approval of the United Nations Deposit Taking Savings & Credit Co-operative Society Limited. Please deduct an Entrance/Registration Fee of Kshs. 2,000/= or a Rejoining Fee of Kshs. 3000/= along with the first contribution.

Applicant's Signature: _____ Date: _____

TERMS AND CONDITIONS OF MEMBERSHIP

1. By filling this form, I authorize the SACCO to open my membership, share capital account and FOSA savings account.
2. UN DT SACCO reserves the right to admit me into membership and/or discharge me from membership if I do not abide by the laws of the organization.
3. In the event of a breach/default, UN DT SACCO reserves the right of offset to any of my BOSA/FOSA accounts without reference to me.
4. Minimum share capital as per Sacco by laws will have to be accumulated before crediting funds to the other accounts (Deposit/FOSA). Only fully paid up share capital qualifies for dividend payment.
5. It is my obligation as a member to ensure I make regular monthly contribution to savings, prompt payment of loans and raising the share capital. Where I do not meet minimum prescribed savings/deposits/loan payments in a year, the dividend, rebates & interest payable will be used to update the same.
6. As a member, I shall be bound by all decisions of the general meetings. and I shall contribute to common funds like insurance/benevolent contribution as prescribed from time to time.
7. By admission into membership, I commit to present complete and accurate information to the SACCO through any documents submitted in hard or soft (digital) channels at all times.
8. The SACCO shall be deemed to have made formal communication to me through the latest registered email, phone number, address, fax or other channels held in the SACCO's records as shall be developed from time to time.
9. Broadcast communication to the membership through emails, SMS, website postings, newspaper, social media or notice board by the SACCO shall be deemed to be sufficient communication to me as a member.
10. As a member, it is my right & obligation to access my statements regularly through the platforms provided by the SACCO and seek for clarification/ corrections within 3 months on any item. Any matter not raised within 3 months shall be deemed to be correctly posted.
11. My account shall be deemed dormant if i do not undertake any transaction over a period of 6 months. Restrictions in operations shall be placed on such account. Activation of the account shall attract a fee as prescribed in the tariff guide.
12. Accounts not operated for 5 years or more shall be deemed to be abandoned. The funds in these accounts may be transferred to relevant government agencies.
13. The account shall attract interest & fees as shall be prescribed from time to time in the tariff guide available to members,
14. Communication received from myself through my email, phone number or address as held in the SACCO's records shall be deemed to have originated from myself. I hereby undertake to indemnify the SACCO from any liabilities arising from misuse, errors or compromise of such digital sources arising from these channels as a member.
15. I shall enjoy all products and services offered by the SACCO without discrimination but within the product features, terms, and conditions.
16. It is my obligation as a member to update the SACCO with any changes in my circumstances so that the SACCO's records are always up to date.
17. I understand that my personal data may be processed and used by the SACCO to improvise its products and services. I therefore consent to the use and processing of my data in compliance with the law

I have read and understood the terms and conditions

Name: _____ Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Date of Admission.....	Member No. Allocated.....
Admitting Officer.....	Signature.....
Approving Officer (Supervisor).....	Signature.....