



UN SACCO

Your Financial Anchor

MEMBERSHIP APPLICATION FORM

Attach Passport Size Photo

I wish to become a member of United Nations Deposit Taking SACCO as per details herein.

A. Applicant's Personal Details (Tick as appropriate)

STATUS: New Member Rejoining

TYPE OF MEMBER:

- Principal Member (Staff) - Attach copy of employment contract/Payslip/Staff ID
- Spouse - Attach copy of marriage certificate/Sworn Affidavit
- Son/Daughter - Attach copy of birth certificate

FULL NAME: _____ **GENDER:** Male Female

NATIONALITY:	IDENTITY DOCUMENT	IDENTITY DOCUMENT No.
_____	<input type="checkbox"/> National ID (Attach copy)	_____
KRA PIN: (Attach copy) _____	<input type="checkbox"/> Passport (Attach copy)	_____
Country of Residence: _____ Duty Station: _____		

CONTACT INFORMATION

Cell Phone 1:	_____	Cell Phone 2:	_____
Personal Email:	_____		
Work/Other Email:	_____		
Postal Address:	_____		
Physical Residence:	_____		

INTRODUCER'S NAME: _____ MEMBER NUMBER: _____

B. Preferred Account Type

I.....hereby authorize UN SACCO to open my membership (Share Capital account, Deposits Account and FOSA Savings Account).

KES USD

C. Accounts

MAIN SOURCE(S) OF INCOME

I confirm that the source of funds to be deposited into my account(s) are derived from legitimate source(s) as below.

Salary Business Income Others (Specify) _____

Main income currency KES USD Other (Specify) _____

(NOTE): If you choose USD and submit funds to the SACCO in KES, the funds will be converted at the prevailing market rates before crediting into your account and vice versa). Individuals earning in Kenya Shillings (KES) are strongly recommended to save in Kenya Shillings.

Do you hold any political or senior government office in your country? YES NO

D. Declaration

I hereby apply for membership and agree to abide by the UN SACCO by laws, the laws, policies, regulations and the terms governing operations for all my accounts. I confirm that the information provided by me is true and complete.

Applicant's Signature: _____

Date:

E. Employment Details

EMPLOYER AGENCY: _____ DUTY STATION: _____

INDEX / PAYROLL NO.: _____ STAFF NO.: _____

TO: PAYROLL AGENCY: _____

I.....Index No.....hereby authorize you to deduct
KES USD.....(Amount in words).....(.....) From my monthly salary
and pay to United Nations Deposit Taking Savings & Credit Co-operative Society Limited with effect from the month
of.....20..... 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 (Kes. 2,000 / \$20) or a Rejoining Fee of (Kes. 3000 / \$30) along with the first contribution. I authorize my employer
to have the Sacco dues deducted from my final benefits.

NON CHECK-OFF CONTRIBUTIONS

I.....Index No.....hereby wish to contribute
KES USD.....(Amount in words).....(.....) as monthly deposit to
United Nations Deposit Taking Savings & Credit Co-operative Society Limited with effect from the month
of.....20..... 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 (Kes. 2,000 / \$20) or a Rejoining Fee of (Kes. 3000 / \$30) along with the first contribution.

Applicant's Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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F. 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. (Birth Certificate if Minor)	Contact info Email/Telephone	Guardian Details Name & ID (for minors)

Applicant's Signature: _____ Date:

D	D	M	M	Y	Y	Y	Y
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WITNESS

1. Name: _____ Sign: _____ Date:

D	D	M	M	Y	Y	Y	Y
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2. Name: _____ Sign: _____ Date:

D	D	M	M	Y	Y	Y	Y
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G. Terms and Conditions of Membership

1. By filling this form, I authorize the SACCO to open my membership, Deposit account, Share Capital account and FOSA savings account in the selected currency.
2. UN SACCO reserves the right to admit me into membership and/or discharge me from membership if I do not abide by laws of the organization.
3. 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.
4. I shall enjoy products and services offered by the SACCO without discrimination but within the product features, terms, and conditions
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. A bona-fide member is one who has met the minimum Share Capital requirement, maintained the minimum monthly Deposits and is not in default of any loan payments.
7. 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.
8. I confirm that information and documents submitted in hard or soft (digital) are accurate and true copies of the originals and authorize UN SACCO to verify the information.
9. The SACCO shall be deemed to have made formal communication to me through any of the registered email,s phone numbers, address, or other channels held in the SACCO's records as shall be developed from time to time.
10. 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. I consent to receiving these communications from the SACCO.
11. As a member, it is my 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.
12. My accounts shall be deemed dormant if i do not undertake any transaction over a period of 6 months. Restrictions in operations shall be placed on my accounts. Activation of the account shall attract a fee as prescribed in the tariff guide.
13. 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.
14. The account shall attract interest & fees as shall be prescribed from time to time in the tariff guide available to members.
15. Communication received from myself through my email, phone number, address or digital platforms 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.
16. In the event of a breach/loan default, UN SACCO reserves the right to offset off any of my BOSA/FOSA accounts without reference to me. .
17. It is my obligation as a member to update the SACCO with any changes in my circumstances and contacts so that the SACCO's records are always up to date.
18. A member is required to disclose if they are holding a Political office, are a prominent government official or are related to or closely associated with such persons. The SACCO reserves the right to conduct enhanced due diligence on such individuals in line with regulatory requirements.
19. A member shall comply with all applicable laws, regulations, and directives, including but not limited to Anti-Money Laundering (AML)/ Counter-Terrorism Financing (CTF) and Counter Proliferation Financing (CPF) regulations. The SACCO reserves the right to request any information or documentation necessary for the purposes of AML/CTF/CPF compliance. The SACCO will treat member information confidentially but may disclose such information as required by law or for purposes related to AML/CTF/CPF compliance.
20. I acknowledge and consent to the collection, processing, storage, and use of my personal data by the SACCO for the purpose of providing services to me. These includes digital processing, data analysis to enhance products and services, communication and member identification, as well as product development and promotion. My information may be shared with stakeholders or regulatory bodies for the purposes of providing services. My information may be collected, processed, stored, and shared solely as necessary for legitimate business purposes, regulatory compliance, and under appropriate safeguards. I understand that all data handling will be conducted in accordance with applicable laws and regulations.

I have read and understood the terms and conditions.

Name: _____ Sign: _____ Date:

D	D	M	M	Y	Y	Y	Y
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FOR OFFICIAL USE ONLY

Date of Admission..... Member No. Allocated.....

Admitting Officer..... Signature.....

Approving Officer (Supervisor)..... Signature.....