

DEPOSIT DEDUCTIONS

BOSA	AMOUNT	MICRO	AMOUNT
Bosa Deposits (Minimum Shs. 1,000)		Individual (Minimum Shs. 1000)	
Fosa Deposits (Minimum Shs. 400)		Group (Minimum Shs. 400)	
Risk/Sinking Fund (Shs.20)			

DEDUCTIONS THROUGH;

BOSA

Standing order (Internal)

Standing order (External)

Check off (employer)

MICRO

Standing order (Internal)

Standing order (External)

Individual

In group meetings

NB: Tick where necessary.

SPECIMEN SIGNATURE CARD MANDATE (AGENT)

I hereby authorize Mr/Mrs/Miss _____ of ID No. _____

Who signs as

To operate my front office savings account at UNISON Sacco Society Ltd whether such account is in credit or overdrawn and I request that his/her signature be honoured accordingly.

This authority is to continue in force until notice of cancellation is received from me by the Society.

Customer signature

Operations Manager Signature

Account number

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NB: PLEASE ENSURE THAT YOU HAVE FULLY COMPLETED THIS FORM BEFORE SIGNING DECLARATION

I declare that the particulars I have provided herein and the disclosures made are true.

FULL NAMES	ID/PASSPORT NO	SPECIMEN SIGNATURE

TERMS AND CONDITIONS GOVERNING MEMBER ACCOUNTS(S) WITH UNISON SACCO

- Any person(s) opening an account with Sacco will be deemed to have read and understood these terms.
- No account shall be opened by the Sacco unless the account opening form is fully completed and the requisite supporting documents attached and attested by the required authorities (if any).
- Upon submission of duly completed account opening form the Sacco will generate an account number for the customer in accordance with Sacco policies and procedures on account opening.
- The Sacco has a statutory responsibility to apply any applicable tax on all charges on customers' accounts.
- Each valid and acceptable means of identification (Internal passport, Kenya National Identity Card) will be required before Sacco opens an account.
- Each account shall possess a distinctive number, which shall be quoted in all correspondences with the Sacco relating to the account.
- Any changes in the name, address, registration certificate (business names) and certificate of incorporation (Companies) should be immediately communicated in writing to the Sacco.
- Interest on savings and fixed deposits are paid at periodic intervals, as determined by the Sacco and/or upon respective maturity dates of such deposits at such rate as may be determined by the Sacco from time to time.
- In case a deposit matures on a public or Sacco holiday, then the bank shall pay the deposit on the next working day when the Sacco is opened for ordinary banking business.
- Cheques should be signed by the account signatory (ies) as per specimen signature and mandate, supplied to the Sacco and any alteration thereon must be authenticated by drawers' full signature.
- Postdated, stale and defective cheques shall not be paid by the Sacco.
- The Sacco reserve to itself the rights to close with or without prior notice, any account which in its opinion is not satisfactorily operated upon or for any reason whatsoever on the sole discretion of the Sacco.

MEMBERSHIP ELIGIBILITY

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

- a) Is within the field of membership provided for in the by-laws.
- b) Is not less than eighteen years of age, if a natural person.
- c) Is not a member of another salary based Sacco in the country.
- d) Is not directly, a money lender or carrying out such activities detrimental to the objectives of the society.
- e) Is of good character.
- f) Is introduced by an existing member.
- g) Has regular income from employment, business or trade.
- h) Has paid entrance fee and minimum shares as prescribed in the membership policy.
- i) Has completed members' personal information (MPI) card, appointing a nominee(s).
- j) 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 UNISON Sacco:

- a) Upon request, receive a statement of account containing the individual record of his/her credit and debit transactions at a fee.
- b) Attending and participating in elections within the electoral zone. Each member shall have one vote irrespective of his/her total shareholding.
- c) Electing or be elected as an officer of the society, unless otherwise prohibited by any other law or the By-laws.
- d) Submitting projects or initiative to the board of directors, for the improvement of the society services.
- e) Appointing a nominee.
- f) Participating in the sharing of the society's surpluses.
- g) Enjoy all other rights as prescribed by the Co-operative Act and the Rules.

MEMBERS OBLIGATION

- a) Be faithful and honest in all their dealings with the society.
- b) Observe the law, the rules and Sacco By-laws whenever transacting any business with the society.
- c) Observe the code of conduct and ethics of the society, and in particular desist from any corrupt practices in all dealings with the society.
- d) Refrain from engaging in the business of money lending in competition with the society.
- e) Protect the image of the society and avoid unnecessary publicity, incitement or careless talk that can injure the reputation of the society.
- f) Inform the Chief Executive Officer in writing of change of my physical address and contact details whenever they occur.
- g) To pay debts obligations to the society without fail and save regularly with the society.
- h) Inform non-members and encourage them to join the society.
- i) Comply with the above.

For the purpose of this indemnity and/or undertaking, the word services shall be deemed to include any form of banking services or products that UNISON Sacco may offer to its customers from time to time including any cards and access codes. This indemnity and undertaking shall be deemed to be an integral part of the membership/account opening form executed by me/us as amended from time to time.

I/We hereby agree with terms and conditions and undertakings given, which I/We have read and understood and confirm that the information supplied is correct to the best of my/our knowledge.

FULL NAMES	ID/PASSPORT NO	SPECIMEN SIGNATURE

FOR SOCIETY USE ONLY

MEMBER TYPE: Staff TSC Civil servants Private Institution Retiree

Others(specify) _____

MEMBERSHIP/ACCOUNT OPENED BY:

NAME _____ SIGNATURE _____ DATE _____

MEMBERSHIP/ACCOUNT OPENING CHECK LIST

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Original ID's/ Passport sighted | <input type="checkbox"/> Specimen signature obtained | <input type="checkbox"/> Pay slip |
| <input type="checkbox"/> ID's/Passport copies obtained | <input type="checkbox"/> Terms and conditions signed | |
| <input type="checkbox"/> Application details completed | <input type="checkbox"/> Nomination of beneficiary form | |

I confirm that I have checked that all the above details have been completed and that relevant documents are attached. I confirm acceptance of this customer relationship with **UNISON Sacco**.

Operations Manager _____

Sign/Stamp _____ **Date** ____/____/____

Specimen Signature

HEAD OFFICE

P.O. BOX 414 - 10400

NANYUKI.

TEL.062-2031969, 0725453124

info@unisonsacco.co.ke

www.unisonsacco.co.ke

BRANCHES

NANYUKI 0725 453 124

NYAHURURU 0725 453 123

KINAMBA 0702 689 532

RUMURUTI 0705 488 884

TIMAU 0702 689 209

WIYUMIRIRIE 0702 605 248

SIPILI 0724 212 281

NAROMORU 0724 212 282



info@unisonsacco.co.ke

NOMINATION OF BENEFICIARY FORM

COMPLETE THIS FORM IN BLOCK LETTERS

APPLICANT NAME: _____

ID/CARD NO. _____ M/NO. _____

TSC /P/NO. _____ DATE. _____

APPLICANT'S DECLARATION

I, the undersigned, in the event of my death whilst a member of society, I hereby instruct the society to pay all amounts due to less any debts to the society, to the named beneficiary in this section, the name of nominee can be given in a sealed letter, I understand that I may alter the name of the nominated beneficiary by filling in a subsequent nominated beneficiary form.

<u>NAME, ADDRESS& CELL NO OF BENEFICIARY</u>	<u>PROPOTION %</u>	<u>RELATIONSHIP TO MEMBER & ID NUMBER</u>
i
.....	
ii
.....	
iii
.....	
iv
.....	
v
.....	

SIGNATURE OF THE APPLICANT _____ **DATE** _____

1. WITNESS NAME:- _____ **DATE** _____
SIGNATURE: _____

2. WITNESS NAME: _____ **DATE** _____
SIGNATURE: _____