

FORM NO. UNISA/A/2658

MEMBERSHIP / ACCOUNT OPENING FORM

Complete this form in BLOCK LETTERS

SOCIETY USE

Account No

Member No

APPLICANT DETAILS

I /We wish to open membership/ an account with **UNISON Sacco** and undertake to comply, observe and be bound by the general terms and conditions in force from time to time governing the operation of the membership/account with the Sacco.

Please attach ID / KRA pin and payslip copy (ies)

1. Full name (As per the ID/Passport).....

Gender: ☐ Male ☐ Female **Marital status:** ☐ Single ☐ Married **KRA PIN**

Nationality.....Date of Birth ID/Passport No.....

County.....District.....Division.....Location.....

Sub-location.....Zone.....Residence.....

Permanent Address: P.O BOX.....Postal Code.....Town.....

Mobile No.....Email.....

EMPLOYMENT DATA

Work type: ☐ Salaried ☐ Self Employed ☐ Retired ☐ Others (please Specify).....

Terms of Service: ☐ Permanent/ Pensionable ☐ Contract ☐ Temporary

Designation/Profession.....T.S.C./Service/Personal No.....Date of Employment...../...../.....

Business name.....Date of Registration...../...../.....

Employer.....Station.....

Employer Address: P.O BOX:.....Postal Code.....Town.....

Income range in Kshs (Tick appropriately); Gross income up to 10,000 ☐ 10,001-50,000 ☐ 50,001-100,000 ☐ 100,001-500,000 ☐

Over 500,000 ☐

ACCOUNT TYPE

☐ Savings ☐ Fixed ☐ Children ☐ Savers ☐ Micro-credit

CHILD'S DETAILS: JUNIOR STAR ACCOUNT OPENING ONLY

Child's Name:.....Date of Birth:

Gender ☐ Male ☐ Female Birth Certificate No

Guardian Signature: Date:

DEPOSIT DEDUCTIONS

DEPOSITS	AMOUNT	MICRO	AMOUNT
Deposits (Minimum Shs. 2,000)		Individual (Minimum Shs. 2,000)	
Risk / Sinking Fund (Shs. 50)		Group (Minimum Shs. 400)	
Golden Plan			

DEDUCTIONS THROUGH;**BOSA MICRO**Standing order (Internal) ☐Standing order (Internal) ☐Standing order (External) ☐Standing order (External) ☐Check off (employer) ☐Individual ☐In group meetings ☐**NB:** Tick where necessary.**SPECIMEN SIGNATURE CARD MANDATE (AGENT)****NB: PLEASE ENSURE THAT YOU HAVE FULLY COMPLETED THIS FORM BEFORE SIGNING**

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

(ATTACH COPY OF ID OF THE AUTHORIZED AND PASSPORT PHOTO TAKEN AT THE BRANCH)**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 ACCOUNT(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.
- All products and services provided by the Sacco are subject to such product's terms and conditions. These terms (governing the use of the account) must be read together with and form part of each product agreement.
- 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, non-withdrawable deposits and time deposits will be 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.

9. 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.
10. 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.
11. Uncleared instruments though credited in the account, shall not be drawn against unless in the complete discretion of the Sacco and such drawings will attract uncleared effects charges as may be set from time to time. Even if such instruments are credited to Member's account and/or allowed to be drawn against, the Sacco shall at all times have the right to debit the Member's account, if the instruments are not realised without prior notice to the Member.
12. The Sacco reserves to itself, the right to close any account, with or without notice, which in its opinion, is not satisfactorily operated or if the account is involved in illegal activity or pursuant to a court order. Members wishing to close their account must surrender any unused Cheques, Sacco Link ATM Cards, documents and any instrument(s) issued by the Sacco on the account. Account closing charges as in force, shall be charged before payment of the remaining credit balance, if any.
13. The Sacco shall reference its tariffs, fees and charges for its products and services in the product agreements. The Sacco reserves the right at any time and with notice to impose charges or increase charges for the use of its services and products.
14. The Sacco may from time to time and at any time revise, amend, delete or supplement any of these terms and conditions whether in whole or part. Such changes shall be effective from the date specified by the Sacco for such modification. These amendments/alterations shall be displayed at Sacco's premises and/or website <http://www.unisonsacco.co.ke> from time to time and shall be binding on the Member.
15. The Sacco is authorised to effect such orders in respect of the account as may be required by any court order or competent authority or agency under any applicable law.
16. Upon the Sacco receiving notice of the demise of a Member, the Sacco will not be obliged to allow any operation or withdrawal from the account by any person. Such an account shall be dealt with as per the Co-operative Act, the Law of Succession Act or as per a court order from a court of competent jurisdiction or any other relevant document recognised by law for succession purposes.
17. In cases of a joint account and one of the Member dies and where the account mandate allows, then the money in the account and any other benefit, interest or obligation relating to that account will revert to the surviving joint holder(s) except as guided by a Survivorship Deed or as per a court order from a court of competent jurisdiction or any other relevant document recognised by law for succession purposes. (A survivorship deed to be prepared by Advocate)
18. Periodic statements of account may be issued by the Sacco to the Member. The Sacco will take due care to see that the credit and debit entries are correctly recorded in the accounts of the Member. Any discrepancy in the statement of account should be promptly brought to the notice of the Sacco in writing within fourteen days of dispatch of statements, failure to which the statement of account shall be deemed to be final and conclusive for all purposes whatsoever. In case of any error, the Sacco reserves the right, at all times to make adjusting entries to rectify the error without notice and recover any amount wrongly paid or credited to any person together with any accrued interest or profit. However, the Sacco shall not be liable for any loss or damage due to such error or any consequential loss arising there from to any party.
19. Minimum balance requirements (if any) will be notified by the Sacco from time to time. The Sacco may charge a penalty for any failure or omission to maintain such minimum balance.
20. Where a member is issued with a Sacco Link ATM Card, mobile phone access codes or any other tool or code for the purpose of gaining access to one's account, the Member undertakes not to transfer the same to any other person and undertakes to exercise due care and attention to ensure their safety and the secrecy of the PIN thereof. Where the account is a joint account, the joint holders undertake to ensure that the Sacco Link Card, mobile phone access codes or any other tool or code for the purpose of gaining access to one's account is only used by authorised persons who operate that account. If a card is lost or stolen or if the PIN is disclosed to an unauthorised person, the Member(s) must immediately notify the Sacco in writing and the cardholder will be liable for any transaction made prior to the receipt by the Sacco of such notification. The Member may at any time cancel his or her Sacco Link Card, mobile phone access codes or any other tool or code for the purpose of gaining access one's account and notify and return the same to the Sacco provided that the Member must not attempt to use the mobile phone access codes or any other tool or code for the purpose of gaining access to their account, after such notification of cancellation. The Sacco reserves the right to withdraw the right to use the card, refuse to renew the card or replace or reissue a card without assigning a reason and without incurring any liability to a cardholder.
21. The Sacco is committed to keeping your personal data private and we shall process any personal data we collect from you in accordance with Data Protection Act and the provisions of the Data Privacy Policy.
22. Unless restricted by applicable laws, you agree that any and all personal data relating to you collected by the Sacco in respect to your account may from time to time be used and disclosed for such purposes and to such persons as may be in accordance with the Sacco's prevailing Privacy Policy as amended from time to time.
23. The Sacco will keep all your personal data confidential. However, in order to service your needs and provide you with the products and services you require, we may share any information you provide to us with our support service, subsidiary (ies) or data providers. We will ensure that if we share such information with third parties, any such disclosure is at all times in compliance with the law.
24. You consent to us collecting your personal information from you and where lawful and reasonable, from public sources for the purposes set out below and in the Sacco's Data Privacy Policy.
25. To verify your identity in order to protect you and your assets, to carry out our obligations from any contracts entered into between you and us or to take steps to enter into an agreement with you, to meet our regulatory compliance and reporting obligations, to provide our services to you, manage your accounts and our relationship with you, to keep you informed about products and services you hold with us and to send you information about products or services (including those of our subsidiary) which may be of interest to you unless you have indicated at any time that you do not wish us to do so, to prevent, detect, and investigate fraud and alleged fraudulent practices and other crimes, to protect our business interests and to develop our business strategies, to contact you, by post, phone, text, email or other methods.
26. If you give us personal information about or on behalf of another person, you confirm that you are authorised to consent on their behalf to give and process their personal information where our products or services are provided and to generally act on their behalf.

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

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Introduced By.....Member No.....Date...../...../.....

MEMBER TYPE: ☐ Staff ☐ TSC ☐ Civil Servants ☐ Private Institution ☐ Retire

Others (specify)

MEMBERSHIP/ACCOUNT OPENED BY:

NAME.....SIGNATURE.....DATE...../...../.....

MEMBERSHIP/ACCOUNT OPENING CHECK LIST

- ☐ Original ID's/Passport sighted
- ☐ Specimen signature obtained
- ☐ Payslip
- ☐ ID's/Passport copies obtained
- ☐ Terms and conditions signed
- ☐ KRA Pin
- ☐ Application details completed
- ☐ 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

Checked by:

Name.....Signature.....Date...../...../.....

Authorised by:

Operations/Branch Manager.....

Sign/Stamp.....

Specimen Signature

Always there for you!

OUR CONTACTS

Head office: Nanyuki Tel: 062-203 1969 Mobile: 0725 453 124 Mobile: 0786 453 124
Branches: Nanyuki, Mobile No. 0704 675 896, Nyahururu, Tel: 065-2032119, Mobile No. 0725 453 123,
Kinamba, Mobile No. 0702 689 532, Rumuruti, Mobile No. 0705 488 884, Wiyumiririe, Mobile No. 0702 605 248,
Timau, Mobile No. 0702 689 209, Sipili, Mobile No. 0724 212 281, Narumoru, Mobile No. 0724 212 282.
Maralal, Mobile No. 0721 463 733, Isiolo, Mobile No. 0799 687 701, Nakuru, Mobile No. 0794 409 274
Email: info@unisonsacco.co.ke Website: www.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		
.....		

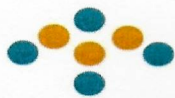
SIGNATURE OF THE APPLICANT _____ **DATE** _____

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

SIGNATURE: _____

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

SIGNATURE: _____



USSD REGISTRATION FORM

Name:	ID/Passport Number:
Member No:	Email Address:
Branch:	
Phone No	FOSA Account Number:
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Amount To Transact on USSD(MAXIMUM=100000)

I would like to subscribe for the following services;

Cash Withdrawal Balance Enquiry	Mobile Loan Mini-statement	Utility Payment Other Services
Indemnity: I hereby agree that as long as the Sacco acts in compliance with this Authorization, the Sacco shall be irrevocably and unconditionally indemnified and held harmless in full by me against any costs, claims, losses or liabilities of any nature (direct or indirect or consequential) resulting from any act or omission in connection with the subject of this Authorization, including but not limited to any act or omission (or any delay) on the Sacco's part in responding to instructions received by Sacco.		<i>Loan Terms and Conditions Apply</i> - At least 18 years old - Registered & active Mpesa account - Minimum loan Kshs. 100 - Maximum loan amount Kshs.20,000 - Repayment duration 90 days - Loan interest 5% reducing balance on loan issued - Repayment mode via USSD code, Mobile App or Paybill number - Disbursement mode: via Mpesa account - Savings with Sacco minimum S02+S04 = Kshs. 20,000 - Member without default history existing loans should be performing - Salary must be passing through FOSA. - Arrears on the loan will be auto recovered from Salary.

Signature:	[Verify Signature]	Date:
Attach Customer ID copy		

FOR OFFICIAL USE ONLY

Customer Interview, Identification and Verification done by:			Approved By Branch Manager	
Name:		Signature:	Amount Approved:	
			Name:	
Tick Appropriately			Signature:	
Employer			Dates:	
Net salary				
Ability				
Loan frequency				
Loan Delinquency				
Customer Appraised by (Loan Officer)			STAMP	
Name:		Signature:		