

## **HEAD OFFICE:**

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## **EDUCATION PLAN APPLICATION FORM**

Iembership Number:			
۲itle:	Name:		
(Mr/Mrs/Miss)	(Full name	(Full names as per the ID)	
Gender: Male Fe	male Date of Birth:	ID. No	
Mobile No:	KRA Pin No:	Marital Status:	
Postal Address:	Code:	Town:	
	correspondence):		
Nationality:	Nature of Occupation	n / Business:	
	ILS: ildren you intend to be making savi	ngs for)	
CHILD/CHILDREN DETA enter details of the child/ch		ngs for)  Date of Birth	Birth Cert No
	ildren you intend to be making savi		Birth Cert No
enter details of the child/ch	ildren you intend to be making savi		Birth Cert No
enter details of the child/ch  Child 1 Child 2 Child 3	ildren you intend to be making savi		Birth Cert No
enter details of the child/ch  Child 1  Child 2	ildren you intend to be making savi		Birth Cert No
Child 1 Child 2 Child 3 Child 4  SAVINGS DETAILS: Duration of the Plan:	ildren you intend to be making savi	Date of Birth ears 12 Years	

## **GENERAL TERMS AND CONDITIONS**

- 1. This Education savings plan application is made subject to the terms and conditions contained herein and any other information expressly referenced to by this application.
- 2. The plan shall be managed for a predetermined fixed period(s) ( "savings plan period") of either 3-years, 6-years 9-years and 12-years.
- 3. The plan will generate a return of not less than 10% annually (every 12 months from the date of subscription to the plan) payable on pro-rata basis and the return capitalized to the principle.
- 4. The minimum contribution to the savings plan will be Kes. 500 per month
- 5. Contributions to the savings plan shall not be considered for loaning purposes.

- 6. On the maturity of the plan, the total savings and interest earned will be transferred to the Members savings account.
- 7. The member MUST make monthly contributions to the plan in any form e.g. check off, standing order, cash deposit, cash collection, paybill etc. and are allowed from time to time to make lumpsum deposits and may, with requisite instructions, roll over all or any portion of the savings plan Contribution together with any return thereon at the end if the savings plan period.
- 8. In the event the Member issues withdrawal instructions and/or terminates this savings plan before the end of the agreed period, the member shall forfeit ten percent (10%) of the total interest earned, which shall be deducted from the member's net savings payable.
- 9. Unison Sacco will comply with a court order directing that it freezes, restricts, curtails or suspends the access to the member's savings plan, (whether arising from matters that are well founded or not) without any obligation to institute interpleader proceedings or take steps of its own initiative for the determination of such disputes.
- 10. In case of death of the contributor, the funds will be subject to the appointment of an administrator by a court of law.
- 11. In case of death of the beneficiary (ies) a parent can:
  - I. Withdraw the saved amount on production of a Certificate of death.
  - II. Transfer to another beneficiary.
  - III. Retain the plan to maturity.
- 12. The Parties further acknowledge that this Agreement constitutes a valid and binding obligation, enforceable against each party in accordance with its terms.

I have read, understood and agreed to abide by the terms and conditions of this plan which have been fully

## **DECLARATION:**

explained to myself, in consideration of the	ne savings and monies saved w	th Unison Sacco by myself or
representatives.		
Full Name:	Signature:	Date:
FOR OFFICIAL USE ONLY:		
Branch Level:		
Received by: Name	Design :	Date:
Captured by: Name	Design :	Date:
Authorized by: Name	Design :	Date:
(Branch Manager)		