

GOLDEN PLAN APPLICATION FORM

A/C NO													
---------------	--	--	--	--	--	--	--	--	--	--	--	--	--

APPLICATION DETAILS

I wish to join Golden Plan and undertake to comply, observe and be bound by the general terms and conditions governing the plan with Unison Sacco.

Please attach ID/KRA Pin and pay slip copy.

1. Personal details

Full name (As per the ID/Passport) _____

I.D Number / Passport No _____ Gender _____

Date of Birth (DD/MM/YY) _____

Gender: Male Female Marital Status: Single Married

Nationality: _____ Date of Birth: _____

ID/Passport NO: _____ County: _____ District: _____

Division: _____ Location: _____ Sub-Location: _____ Zone: _____

Permanent Address: P.O. Box _____ Postal Code: _____

Town: _____

Mobile No: _____

Email: _____

Residence: _____

I hereby authorize Unison Sacco Society Ltd to make deduction for Golden plan until maturity of the plan from Date..... Until...../Upon retirement

Mode of Deduction:

Mode	Standing order Internal	Standing order External	Check Off
Amount			

From A/C To M/No.....

Month Deduction to start: ____ / ____ / ____

Terms of Service:

Permanent/pensionable: ☐ Contract: ☐ Temporary: ☐

Designation/Profession _____ TSC / Service / Personal No: _____

Employer _____ Station _____

TERMS AND CONDITIONS GOVERNING GOLDEN PLAN WITH UNISON SACCO

1. Any person(s) filling this form will be deemed to have read and understood these terms.
2. Minimum contribution per month Kshs. 200 only.
3. No ledger fees charged on the plan.
4. Earns 10% bonus upon retirement.
5. No minimum balance.
6. Contribution done till maturity of the plan.
7. The interest rate payment shall be at the same percentage as other non-withdrawable deposits.
8. No loan on this saving product.
9. Capital injection allowed i.e. Lumpsum cash allowed.
10. Upon maturity of the plan the member to provide certified copy of employers retirement letter.
11. Incase of loan default the saving shall be used to clear any outstanding loan balance.
12. For internal standing order salary to be channeled through FOSA Account.
13. Incase of External standing order to provide the bank standing order.

I 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 knowledge.

Name: _____ I.D No. _____ Signature _____

A/C Opened by

Officer name: _____ Signature _____

FOR SOCIETY USE ONLY

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

Operation Manager _____

Sign/Stamp _____ Date ____/____/____

Specimen Signature



“ALWAYS THERE FOR YOU”