MAGEREZA DT SACCO LTD.

P.O. BOX 53131-00200
NAIROBI.

Website: www.magerezasacco.co.ke
Email: magereza@magerezasacco.co.ke
Phone: 0718 224 956, 0797 248 614

Attach Passport Photo

PERSONAL MEMBERSHIP APPLICATION FORM

Required: Attach copy of your National ID, KRA Pin Certificate & Passport size photo

PERSONAL FILE No..... Member No..... FOSA A/c No.....

Applicant information

Mr./Mrs./Ms./Hon./ *(specify)* ..... Gender: Male ☐ Female: ☐

First Name: ..... Middle Name: ..... Sir/Last Name: .....

ID No ..... KRA PIN: ..... Date of Birth (D.O.B): .....

Nationality.....Current residential Address (Box): .....

Station: .....Permanent Address (Box): ..... Tel No: .....

Personal Email: .....

Marital status: Single ☐ Married ☐ Other (Specify): ..... ☐

How did you get to know about Magereza Sacco:.....

Employment Status

Employed ☐ Self-employed ☐

Employed:

Name of employer: ..... Address (Box) .....

Terms of Employment *(Permanent, Contract, temporary, freelance etc.)*.....

Work Email .....Office Tel/Ext. No..... Station/Location.....

Self-Employed

Name of Business: .....Reg. No.....

Physical Address (Box)..... Location.....Nature of

Business.....Email .....Tel No.....

Est. monthly turnover (Ksh).....

Monthly Contribution

Preferred monthly deposit: Ksh..... ***(Minimum Ksh. 3,000/-)***,

Mode of remittance ..... *(check-off, standing order, cash etc.)*, Effective date .....

MOBILE BANKING SERVICES APPLICATION

I hereby apply for mobile banking and undertake to abide by all rules and regulations pertaining the facility.

Phone No *(Safaricom):* .....

Signature: ..... **Date**: .....

NB: The phone number must be registered under the member's name as per the national ID.

SACCO LINK CARD APPLICATION

I hereby apply for ATM card and undertake to abide by all rules and regulations pertaining the facility. I authorize Magereza DT Sacco Ltd to issue an ATM card to my account.

Name: ..... **Signature** ..... **Date** .....

REFEREE DETAILS {**Person introducing the Applicant**}

Name: …… ID No……

Payroll No/ ……Membership No …….. Station……..

Signature …… Date:……

NB: MUST BE A MEMBER OF MAGEREZA SACCO PATRONIZING THE SACCO PRODUCTS/SERVICES.

Applicant Specimen Signature (Sign at the center of the box)

NOMINEE/NEXT OF KIN DETAILS

FULL NAME OF NOMINEE	ID/ NO	RELATIONSHIP	DATE OF BIRTH (D.O.B)	%	PHONE NO.

INDEMNITY CLAUSE

I warrant that the information given above is true and complete. I further undertake to provide any additional information in connection with this application as may be sought from me from time to time. I accept and agree to be bound by the conditions of use detailed overleaf. (and amendments thereof). I agree that I will be liable for all charges incurred through the use of both M-banking and ATM card. I understand that my application can be declined by the Magereza Sacco Without giving reasons to the extent permitted by law.

I further agree that this account shall be operated solely at the discretion of Magereza DT Sacco and hereby indemnify the SACCO at my cost against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactoryperformance.

Signature …… Date ……

Witnessed By:

Name (Member): …… Signature…… PF No:……

FOR OFFICIAL USE

All original documents verified ☐ Customer contact information provided ☐

All customer information obtained Photo taken/obtained and verified. ☐

Mandated signatures obtained. ☐ Monthly contribution booked. ☐

Membership No. allocated by: …… Signature…… Date……

Account Opened by: ……Signature …… Date ……

Mobile Banking Registered by: …… Signature …… Date ……

Sacco Link Card Applied by: ……Signature …… Date: …….

Comments……

APPROVAL:

MANAGER (Name)…… SIGNATURE ……DATE ……

HON. SECRETARY (Name)…… SIGNATURE ……DATE……