



# KENYA BANKERS SACCO SOCIETY LIMITED

P.O. BOX 73236 00200 NAIROBI, Tel: 254-20-2614226/5, 2614781/6, 2733635/6/7, 2720231/37

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## FORM A

Our Ref: 2299/.....

Member No.: .....

### MEMBERSHIP APPLICATION FORM

#### PART A

#### ACCOUNTS TO BE OPENED.

I hereby make an application for membership and agree to conform to the Society's by laws, internal rules and regulations, and amendments thereof.

Tick as appropriate:

1.  Main Savings Scheme (Mandatory to all members)
2.  Risk Management Fund (Mandatory to all members).
4.  Fosa Savings Account (Mandatory)  
*(This account is necessary for purposes of Mobile Banking)*
3.  Education Savings Scheme (Optional).
5.  Others (eg Micro)

Were you once a member? (Yes & No)

If Yes, state your previous membership No. ....

#### PERSONAL DETAILS.

Full Names:.....

**Surname**

**First name**

**Other Names**

Title (Mr, Mrs, Miss):.....Nationality.....Marital Status.....

National Identity Card/Passport No.....Pin No:.....

Date of Birth:.....Cell Phone Nos:.....

County of Birth:.....Division:.....

Location:.....Sub Location:.....

Postal address:.....Code:.....Email Address:.....

Residential Address:.....

**EMPLOYMENT DETAILS**

Name of Employer:.....  
Employers' Address:.....  
Date Employed:.....  
Staff Number:.....Terms of Service: .....  
Current Branch:.....  
Employers' Telephone Number Inclusive of Area Code: .....  
Office email address:.....

**BUSINESS DETAILS.** (To be completed by Self Employed Business owners).

Business Name: .....  
Nature of Business:.....  
Business Location: .....  
Business Address:.....  
Business Telephone Number Inclusive of Area Code:.....  
Email: address:.....

**REQUIRED.**

1. Copies of applicants' National Identity Card/Passport and PIN Certificate.
  2. One passport size photograph.
  3. Deposit slip (Indicating Name ID number/Membership no.) or Bankers Cheque for Kshs 1500/= (Being membership Registration fees 500/= & FOSA minimum balance 1000/=)
- Main Savings Scheme and Risk Management Fund are mandatory for every member. Minimum monthly contributions for Main Shares is Kshs. 2,000/= and for Risk Management Fund is Kshs, 400/=
  - Education Savings Scheme is an optional contributory scheme. This scheme requires no joining fee and the minimum monthly contribution is Kshs. 500/=

**PART. B.**                      **SMS/MOBILE BANKING.**

Will you require SMS/Mobile Banking? Tick as appropriate:    Yes.     No.

If "YES", provide your official cell phone number (or any other) to be used for SMS/Mobile updates: .....

**NOTE:** To use SMS/Mobile banking, the member will be required to open a **FOSA** account. (Refer to Part A, Pg. 1).

**PART C.**                      **PARTICULARS OF NOMINATED NEXT OF KIN.**

I, the undersigned, in the event of my death whilst a member of the society, hereby instruct the Society to pay all amounts due to me less any debts to the Society, to the person named in this Section. I understand that I may alter the name of Nominated Next of Kin or appropriate proceeds as desired by filling in a subsequent separate Form. (The name of nominee can be given in a sealed envelope).

NOMINATED NEXT OF KIN (FULL NAMES): \_\_\_\_\_

ID NUMBER: \_\_\_\_\_ RELATIONSHIP TO APPLICANT: \_\_\_\_\_

ADDRESS OF NEXT OF KIN: \_\_\_\_\_ TEL. NUMBER: \_\_\_\_\_

**PART D.**                      **PARTICULARS OF SPOUSE**

I. Full names: Mr / Mrs \_\_\_\_\_

ii. National Identity Card Number \_\_\_\_\_

iii. Date of Birth: \_\_\_\_\_

iv. Postal Address: \_\_\_\_\_

v. Telephone Number \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_

vi. Email address: \_\_\_\_\_

**PART E.**                      **NAMES OF CHILDREN UNDER 24 YEARS OF AGE**

1. \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. \_\_\_\_\_ Date of Birth \_\_\_\_\_

3. \_\_\_\_\_ Date of Birth \_\_\_\_\_

4. \_\_\_\_\_ Date of Birth \_\_\_\_\_

5. \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PART F.**                      **CONTRIBUTOR'S PARENTS**

Father's Name: \_\_\_\_\_ ID NO \_\_\_\_\_

Mother's Name: \_\_\_\_\_ ID NO \_\_\_\_\_

**PART G.**                      **SPOUSE PARENTS**

Father's Name: \_\_\_\_\_ ID NO. \_\_\_\_\_

Mother's Name: \_\_\_\_\_ ID NO. \_\_\_\_\_

## BASIC RULES AND REGULATIONS.

### **INTRODUCTION.**

- 1.1 Your agreement with us is contained in these general conditions, the additional conditions and the application form
- 1.2 The additional conditions include the charges and the interest rates, notice periods, minimum or maximum balances and other features for the account. You will be advised further when you open an account. Other conditions are set out in our brochures which are available at our branches and with your representatives. We can change these terms & conditions from time to time in terms of clause 1.1.
- 1.3 In this agreement "you" and "your" mean any customer operating an account and includes (where appropriate) any person you authorize to give instructions on your accounts. "We", "us" and "our" mean Kenya Bankers Sacco Society Ltd.

### **A. Main Savings Scheme.**

This scheme gives the member the opportunity to save monthly.

- The mandatory minimum monthly contribution is Kshs 2,000.00, which is non withdrawable unless on termination of membership and MUST be maintained throughout the course of membership.
- The savings constitute the members deposits out of which loans are approved

### **B. (i) Risk Management Fund Membership.**

- This is mandatory internal insurance scheme for all members with monthly premium contribution of Kshs 400.00, which provides cover for outstanding loans and main scheme deposits held alongside other benevolence assistance.
- Members are required to ensure that all details provided are correct and updated regularly.
- In the event of death of a regular contributor [of main scheme savings], the nominated next of kin is paid the deposits saved by the deceased and bonus shares.
- Any outstanding main loan of the deceased member is written off against the pool of funds and guarantors released.

### **B(ii). Inpatient Medical claim. (Applicable to the contributor only).**

- In the event of hospitalization, the contributor may claim Kshs. 400/= per day up to a maximum of 60 days

### **B(iii). Payment on bereavement.**

- |  |                   |
|--|-------------------|
| 1. Death of contributor                              | - Kshs. 50,000.00 |
| 2. Death of contributor's spouse                     | - Kshs. 40,000.00 |
| 3. Death of contributor's child                      | - Kshs. 30,000.00 |
| 4. Death of contributor's parents and parents in law | - Kshs. 20,000.00 |
| 5 Simultaneous death of contributor and spouse       | - Kshs. 80,000.00 |

- Members should submit risk claim forms within three (3) months of occurrence of the misfortune,
- Nominated next of kin should submit risk claim forms for loss of a member within Six (6) months of occurrence of the misfortune
- Only one claim is honoured in the case of several contributors.

### **B(iv). Non Claim Refund.**

Members who may wish to withdraw from the Sacco without having made any claims under risk management fund will be refunded 50% of the total risk fund contribution from January of that particular year.

### **C. Education Savings Scheme.**

- The minimum monthly contribution is Kshs 500.00.

### **D. FOSA Account/ M-Banking.**

#### **1. Deposits/Credits and statements from your account.**

- 1.4 Funds shall only be available on demand at the counter subject to the following limitations:-
  - withdrawal limits at the teller terminal: and
  - cheque deposits that have not been cleared.
- 1.5 If we receive instructions and credits for an account during the opening hours on any working day, we will process them on that day or on the date specified in your instructions and credits received after the opening hours for a non-working day will be processed on the next working day.
- 1.6 Your statement balance will show credits when we receive them even if they include cheques which are not "cleared". However, the Sacco can still return the cheque unpaid, e.g. for lack of funds. If we do so, we will debit your main savings account with the amount of the cheque plus charges.

## APPLICANTS DECLARATION.

By signing on this form, I request you to open an account in my name. I warrant you that information given above is true & complete & I authorize you to make any inquiries necessary in connection with this application.

I accept & agree to be bound by the conditions of use. I agree that I am liable for all charges incurred. I hereby indemnify the Sacco against all losses that may occur as a result of my use of this facility. I have read, understood and I undertake to abide by all rules and regulations of the membership of Kenya Bankers Sacco society I also understand that the Sacco reserves the to decline the application without giving any reasons

ATTACH  
PASSPORT SIZE  
PHOTO  
HERE

Signature of Applicant:  
(Specimen Signature)

Date: \_\_\_\_\_

WITNESS.

I confirm that the information given in this form is true to the best of my knowledge.

Name Mr/Mrs/Miss \_\_\_\_\_

Society Membership Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature of witness: \_\_\_\_\_

Date: \_\_\_\_\_

### **FOR OFFICIAL USE ONLY.**

Date of Admission to membership: \_\_\_\_\_

Member Number: \_\_\_\_\_

Information checked by \_\_\_\_\_

Confirmed by: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_



**KENYA BANKERS SACCO SOCIETY LIMITED**  
**P.O BOX 73236-00200 NAIROBI.**

**FORM B1**

TO :

----- (EMPLOYER / BANK)

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**VOLUNTARY ASSIGNMENT**

AUTHORITY TO DEDUCT FROM MY SALARY AND REMMIT SHARE CONTRIBUTIONS TO  
KENYA BANKERS SACCO SOCIETY LTD

**(TO BE FILLED IN DUPLICATE)**

I, MR/MRS /MISS .....

BANK A/C NO ..... BRANCH.....

STAFF NO. .... CURRENT WORK STATION.....

HEREBY REQUEST AND AUTHORIZE YOU TO DEDUCT FROM MY SALARY EACH PAY DAY THE SUM OF.....

(SHS)..... CTS.....) WITH EFFECT FROM.....

TO BE PAID TO THE CO-OPERATIVE BANK OF KENYA, NAIROBI BUSINESS CENTRE BRANCH, NAIROBI FOR THE ACCOUNT OF  
KENYA BANKERS SACCO SOCIETY LTD A/C NO. 011-20000-564000. THIS INSTRUCTION CAN ONLY BE TERMINATED AND/OR  
AMENDED WITH THE KNOWLEDGE AND WRITTEN APPROVAL OF AN AUTHORIZED OFFICER OF THE SAID SOCIETY.

**KSHS**

|                             |   |                            |
|-----------------------------|---|----------------------------|
| 1. MAIN SAVINGS SCHEME      | : | -----                      |
| 2. RISK MANAGEMENT FUND     | : | <b>400.00 (Mandatory).</b> |
| 3. FOSA SAVINGS ACCOUNT     | : | -----                      |
| 4. EDUCATION SAVINGS SCHEME | : | -----                      |
| 5. OTHERS                   | : | -----                      |
| <b>TOTAL</b>                |   | <b>=====</b>               |

SIGNATURE : -----

MEMBER No. : -----

DATE : -----

CELL PHONE NO : -----

**INSTRUCTION CONFIRMED IN ORDER/ NOT IN ORDER**

SIGNATURE :

FORWARDED ON :

DESIGNATION :