



WE ARE ISO 9001:2015 CERTIFIED

CHAMA/ CORPORATE MEMBERSHIP APPLICATION FORM

FOR OFFICIAL USE ONLY

Membership Number Customer ID Date

I/we wish to open an account at Kimisitu 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 accounts with Kimisitu Sacco

TYPE OF MEMBERSHIP

Corporate Membership Chama Membership

1 st APPLICANT	
Full Names as per ID: (Mr./Mrs./Miss./Rev./Prof./Dr)	
ID /Passport No.....	KRA P.I.N
Date of Birth	Nationality
Tel/Mobile	Postal address.....
Occupation(specify)	
Email Address	
Place of residence(Estate, Name of Town, Street, Nearest landmark)	
Designation:	
Next of Kin	Relationship.....
Tel/Mobile	

2 nd APPLICANT	
Full Names as per ID: (Mr./Mrs./Miss./Rev./Prof./Dr)	
ID /Passport No.....	KRA P.I.N
Date of Birth	Nationality
Tel/Mobile	Postal address.....
Occupation(specify)	
Email Address	
Place of residence(Estate, Name of Town, Street, Nearest landmark)	
Designation:	
Next of Kin	Relationship.....
Tel/Mobile	

3 rd APPLICANT	
Full Names as per ID: (Mr./Mrs./Miss./Rev./Prof./Dr)	
ID /Passport No.....	KRA P.I.N
Date of Birth	Nationality
Tel/Mobile	Postal address.....
Occupation(specify)	
Email Address	
Place of residence(Estate, Name of Town, Street, Nearest landmark)	
Designation:	
Next of Kin	Relationship.....
Tel/Mobile	

4 th APPLICANT	
Full Names as per ID: (Mr./Mrs./Miss./Rev./Prof./Dr)	
ID /Passport No.....	KRA P.I.N
Date of Birth	Nationality
Tel/Mobile	Postal address.....
Occupation(specify)	
Email Address	
Place of residence(Estate, Name of Town, Street, Nearest landmark)	
Designation:	
Next of Kin	Relationship.....
Tel/Mobile	

CORPORATE/ CHAMA REGISTRATION DETAILS	
Name of Business/ Company /Group: (As per Registration certificate)	
.....	
Membership name for unregistered Chama(First name of signatories, Maximum 4)	
.....	
Nature of Business	
Certificate of Registration / Incorporation No:	
Date of Business / Company / Chama Registration	
Postal address (P.O Box)	Code
Office Tel. No	Mobile No
Email address	KRA pin

ATM APPLICATION / MOBILE BANKING	
I/We would like to apply for the following services (please tick)	
1. Mobile Banking	<input type="checkbox"/> Yes <input type="checkbox"/> No Cell phone number
2. ATM Card	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACCOUNT MANDATE

Signature authority or the Account Mandate: (cross or tick as appropriate)

Singly Either to sign All of us Jointly Any two sign Other, please specify

Names in full(BLOCK LETTERS) OF Authorised Signatories/ Directors/ Partners	National ID/ Passport No.	Specimen Signatures

ACCOUNT OPENING CHECK LIST

<input type="checkbox"/> Registration Certificate Copy	<input type="checkbox"/> Group Constitution	<input type="checkbox"/> Application Details Completed	<input type="checkbox"/> Application Details Completed
<input type="checkbox"/> PIN Certificate of Company	<input type="checkbox"/> Partnership Deed	<input type="checkbox"/> Group Minutes	<input type="checkbox"/> Specimen Signature(s) Obtained
<input type="checkbox"/> Memorandum and Articles of Association / CR12	<input type="checkbox"/> Copy of ID / Passport Obtained	<input type="checkbox"/> Copy of Directors PIN	<input type="checkbox"/> Photo Taken and Signature Scanned
<input type="checkbox"/> Group Registration Certificate	<input type="checkbox"/> Resolution to join membership	<input type="checkbox"/> Business / corporate profile	<input type="checkbox"/> Membership fee Ksh.2,000

FOR REGISTERED & UNREGISTRED BUSINESS INDICATE

Company/Business Location: Physical Address
(Attach a GPS/Google map Extract)

.....

Nearest landmark (Indicate and attach a map indicating the nearest landmark to the office/business)

.....

1) Duration at current location:

If less than 1 year, where was the previous location?

2) Nature of Business premises Owned Rented Leased

a) If rented, how much is the rent

b) If leased, what is the expiry date

History of the Company/ Business Operations	Nature of Business:Detailed Description of:
Number of years in operations	Nature of company's operations (Provide details e.g if transport, include nature i.e taxi business tours and travel etc.)
Source of Funds e.g Imports goods from, wholesaler, sells good etc	Expected transactions in the account e.g TTs, RTGSs, Cheques, Cash deposits , FCY deals etc.
Number of employees (Where applicable)	Number of branches and their locations where applicable
Expected monthly income/ contributions (Ksh 10,000 - 50,000 <input type="checkbox"/> 50,001 - 100,000 <input type="checkbox"/> 100,001 & above <input type="checkbox"/>)	

In making this membership application, I/We do hereby agree to conform to the society's By -laws and any amendments thereof.

*I/We wish to contribute KSH(Amount in words)as
Monthly Deposits and KSH.....(amount in words).....
as Share capital per Month*

INTRODUCED BY

*Signature of ApplicantDate.....
Member Introduced by.....Member No.....*

IMPORTANT NOTES:

- 1. Registration fee Kshs.2,000 via Mpesa pay bill 911200, Account No.-ID, followed REG e.g. 12346578REG*
- 2. Share Capital is Kshs.30,000: The member pays Kes.10,000 in the first month and the balance to be paid in maximum of 20 months.*

Note: Upon registration and payment of initial Kes.10,000 as share capital, subsequent share capital contribution per month is a minimum of Kes.1,000. A member must have the minimum required share capital of Kes.30,000 within 20 months after joining the Sacco.

TERMS AND CONDITIONS SIGNED

I / We confirm that I / We have checked that all the above details have been completed in accordance with KYC procedures and that relevant documents are attached. I / We confirm acceptance of this customer relationship with Kimisitu Sacco

FOR OFFICIAL USE ONLY

Verified by: Signature

Processed by:Signature

Date: