



FUNDILIMA SACCO SOCIETY LTD
P.O. BOX 62000-00200 NAIROBI
Tel: 0721 564 136, 020 2356669
Membership Application Form

Attach
Passport photo

APPLICANTS' DETAILS.

Full Name:

Date of birth:

ID/Passport no:

KRA Pin No:

Marital Status:

Gender:

Telephone no:

Mobile No:

Email address:

Current Location:

Permanent Address:

Current Address:

District:

Location/Ward:

Employment Details.

Employer:

Work Station:

Payroll No:

Employment Terms:

Department:

Office Telephone:

Other Details:

Other than employment details.

Source of Income.

Salary Business (if business attach certificate of incorporation and pin).

Proposed Monthly Contributions

Amount in Words:

Proposed Mode of remittances: check off

Standing order

cash Deposit

Others(specify) _____

TO FUNDILIMA CO-OPERATIVE SAVINGS & CREDIT SOCIETY LIMITED.

I/We agree that this account shall be operated solely at the discretion of the SACCO and hereby agree to indemnify the SACCO at my/our cost against any loss or claims arising out of the account being closed by the SACCO without notice due to unsatisfactory performance. I agree to conform to the society's by-law and any amendment thereof.

I/We hereby declare that all the information contained in this form is complete and correct and I/we hereby agree to indemnify and hold harmless the SACCO from and against all actions suits proceedings claims, demands, cost, expenses, loss liabilities and outgoings whatsoever which may be taken or made or sought from or against the SACCO in consequence of any false or misleading statements or omissions I/We made herein. I am/We are aware of the applicable provisions for the prevention of money laundering and terrorism financing and confirm that the monies I am depositing/withdrawing do not represent the proceeds of any illegal activities as described in the proceeds of crime and Anti-money laundering Act, the prevention of Terrorism Act, CBK prudential Guidelines and Banking Circulars as maybe issued by Central Bank from time to time.

I/We confirm having read and understood the General Terms and Conditions for Operating the FOSA/BOSA Account, SACCO Link ATM, and Mobile Banking, a copy has been availed to me for signing this _____ day of _____ year _____ and which I accepted.

Signed: _____ **Date:** _____/_____/_____

FOR JOINT ACCOUNT ONLY.

1st signatory: _____ **IDNo.** _____ **sign** _____ **Title** _____

2nd signatory: _____ **IDNo.** _____ **sign** _____ **Title** _____

3rd signatory: _____ **IDNo.** _____ **sign** _____ **Title** _____

4th signatory: _____ **IDNo.** _____ **sign** _____ **Title** _____

5th signatory: _____ **IDNo.** _____ **sign** _____ **Title** _____

GROUP CONTACTS: _____

INTRODUCED/WITNESSED BY:

Full Name: _____

ID No _____ PF No: _____ Tel No _____

Department _____

Signature: _____ Date: _____/_____/_____

FOR OFFICIAL USE ONLY.

Customer Information Checklist.

Valid Identification documents obtained & authenticated. Customer Contact Information available.

Photographs Obtained/Captured and authenticated. Mandated Signatures Obtained.

Confirmed by: _____ sign _____ Date _____

CONDITION FOR USE OF THE ATM CARD

GENERAL CONDITIONS

1. The ATM Card is neither a credit card nor a cheque guarantee card and shall not be presented as such.
2. The Membership Card is for use only at Co-op Bank ATMs, other Bank Visa branded ATMS and at Visa branded merchant point of sales.
3. The SACCO reserves the right to withdraw the use of ATM Card or to refuse request for authorization of any Membership card transaction at any time and without prior notice.
4. The Membership Card once issued to the Cardholder is not transferable.
5. The ATM Card is the property of the SACCO and the Card holder undertakes to return the card to the SACCO or SACCO/FOSA on demand.

LOST/STOLEN ATM CARD.

If the ATM Card is lost, stolen, or misplaced the Cardholder must notify the SACCO or call the number on the reverse side of the the ATM Card. Any Verbal notification must be confirmed in writing immediately; and a lost/stolen letter of indemnity shall be signed by the Card holder.

1. A Lost or stolen card notice shall indicate the particulars of the cardholder including name, address, Branch that issued the Card, account number, card number, and date of reporting. Once the notice is received the particulars of the Lost/stolen ATM Card will then be input on the Hot Cards list.
2. In case of dispute over effective date and time of reporting loss or theft , in relation to 1 above, the time and date of receipt of the written confirmation on shall be regarded as the date of notification on to the Bank.
3. The Cardholder shall be liable in respect of any transaction instructions affecting the SACCO account that is given with a valid PIN.
4. The Cardholder shall give to the Bank or any person acting on Bank’s behalf all necessary assistance in any investigations, avail all information as to the circumstances of the loss or the of the ATM Card, and take all reasonable steps to assist recovery of the ATM Card.
5. A lost card that is recovered by the Cardholder should be returned to the nearest branch of the SACCO. The SACCO or Bank has discretion on approving continued use of such a card.
6. If the report of a loss or the card is communicated by someone other than the cardholder, the SACCO/Bank shall not be held liable for any damages thereto.

6. The card must not be used for any unlawful purpose, including the purchase of goods or prohibited by local and international law.

USE OF PERSONAL IDENTIFICATION NUMBER(PIN)

1. The Cardholder will be issued with a PIN.
2. The Cardholder shall exercise due care and attention on to ensure safety of the card and secrecy of the PIN at all times and to prevent the loss of and or use of the card or PIN by any third party.
3. The SACCO is authorized to debit the Cardholder’s account with all amounts withdrawn by means of the ATM Card using the PIN.
4. The cardholder must not put the card and PIN together. The Cardholder should change the PIN immediately on suspicion the PIN is compromised.

SIGNATURE

The cardholder should sign on the panel provided on the reverse of the card on receiving the card. The signature should be similar to that on the National ID otherwise the card maybe rejected by merchants.

24HRS SERVICE HOTLINE.

The card 24 HR hotline number is found on the reverse side of the ATM card. Cardholders should keep the 24hour hotline number in their mobile number or frequently used telephone book.

REPLACEMENT OF CARD.

The SACCO shall replace lost or damaged cards within a month. The cardholder will be expected to pay for the replacement of the card at a rate that may change from time to time.

FORGOTTEN PIN.

If a pin is forgotten the cardholder shall return their ATM card to the SACCO where a replacement of the PIN be ordered.

CANCELLATION / STOPPAGE OF ATM CARD AND PAYMENT.

1. The cardholder may at any time cancel his/her ATM card by returning it to the point of issue. If the return is made by mail, the card must be cut into two.
2. Payments made by means of the ATM debit card are irrevocable.
3. In case of a problem, the Bank/SACCO may at any time cancel or stop a card without notice or assigning any reason and without incurring any liability to the Cardholder until a solution is found.
4. On closure of the account on which the ATM Card is operated, it shall be the duty of the Cardholder to return the card immediately to the point of issue.

FOR OFFICIAL USE ONLY.

This application has been approved under the following membership category:

- Individual (FOSA ONLY) Account . Individual (FOSA/BOSA) Account. Corporate Account Children Account

Account opened by: _____ Signature: _____ Date: _____

FOSA Account Number: Membership Number:

Verified by: _____ Signature: _____ Date: _____

Approved by: _____ Signature: _____ Date: _____

