



MEMBERSHIP AND ACCOUNT OPENING FORM

MEM No.....

1. APPLICANTS DETAILS

This form needs to be filled and returned to the Hon. Secretary Tabasuri Dt Sacco Ltd. You are required to attach a copy of your national identity card/ passport and your recent passport size photo with your name, signature & ID number inscribed at the back.

Name in full.....(BLOCK LETTERS)

Organization.....Tel. No.....

Date of first appointment.....Official Designation.....

Date of Birth.....Terms of Service.....

If on Contract indicate when contract is Ending.....

Official Payroll No.....Station.....

Present Address.....

ID/Passport No.....Email Address.....

Home address.....Mobile Number.....

District / County.....Division.....

Sub Location / Sub County.....Location.....

2. SOURCE OF FUNDS

Salary Business Pension Others (specify)

Type of Deposits (Non withdrawable)

Regular (Bosa) Premium Rasilimali Poa plus Mwananchi premium (group)

Monthly Deposit (Kshs).....Amount in words.....

Proposed mode of remittances-

Check off Standing order Direct debit Others (specify)

Effective date (dd/mm/yyyy).....

3. REFEREE: {Must be an active member of the Sacco}

Name.....ID No

Membership Number.....Relationship / Other

Mobile Number.....Employer.....

Signature.....Date.....

3. NOMINEE INFORMATION (NEXT OF KIN)

Name	ID No.	Relationship	Address /Mobile No.	%

Witness Name.....Signature.....

APPLICANT'S SIGNATURE

For Official Use Only

Member interviewed by: _____ Signature _____

Membership Approved by _____ Signature _____

Data Captured by _____ Signature _____

Members file opened by _____ Signature _____

NOTES

A. MEMBERSHIP ELIGIBILITY

Any natural, legal or a group of person(s) eligible for membership of the society may apply to be members by completing an "application for membership form", and may be admitted if they meet the following requirements:

- Is within the field of membership provided for in the bylaws.
- Is not less than eighteen years of age, if a natural person.
- Is not a member of another salary based Sacco in the country.
- Is not a directly, a money lender or carrying out such activities detrimental to the objectives of the society.
- Is of good character.
- Is introduced by an existing member.
- Has regular income from employment, business or trade.
- Has paid entrance fee and minimum shares as prescribed in the membership policy.
- Has completed Members Personal Information (MPI) card, appointing a nominee (s).
- Has understood the objectives of the society, his obligations as a member and other membership requirements as stated in the Society bylaws.

B. MEMBER'S RIGHTS

The following are rights that you enjoy as a member of Tabasuri Dt Sacco.

- Receiving, periodically and regularly, or upon request, and at least once a year, a statement of accounts containing the individualized record of his credit.
- Attending and participating in elections within the electoral zone. Each member shall have one vote irrespective of his/ her total shareholding.
- Electing representatives to attend and participate at a general meeting.
- Electing or be elected as an officer of the society, unless otherwise prohibited by any other law or these bylaws.
- Using the society's services according to the policies and procedures approved by the board of directors.
- Submitting projects or initiative to the board of directors, for the improvement of the society's services.
- Appointing a nominee.
- Participating in the sharing of the society's surpluses.
- Accessing all legitimate information relating to the society, including internal regulations, registers, minutes of the general meetings, supervisory committee reports, annual accounts and inventories, investigation reports, at the registered office of the society, subject to the society's policies and regulations in force at the time.
- Voting on all matters put before the electoral zone.
- Enjoying all other rights as prescribed by the Co-operative Act and the rules.

C. MEMBERS' OBLIGATION

As a member of Tabasuri Dt Sacco, you are obliged to:

- Be faithfully and honest in all dealings with the Society.
- Observe the law, the rules and these by laws whenever transacting any business with the society.
- Observe the code of conduct and ethics of the society, and in particular desist from any corrupt practices in all dealings.
- Refrain from engaging in the business of money lending in competition with the society.
- Protect the image of the society and avoid unnecessary publicity, incitement or careless talk that can injure its reputation.
- Inform the Chief Executive Officer in writing of change of any physical address and contact details whenever they occur.
- Pay my debt obligations to the society without fail and save regularly with the Society.
- Seek co-operative education to improve my awareness and enlightenment on co-operative matters.
- Attend meetings and educations forums and take part in society's decision-making.
- Inform non members and encourage them to join the society.
- Identify problems affecting the Society and suggest solutions.
- Participate in the Society's projects, both physically and financially.
- Make use of the services of the society as stated in its objects.
- Comply with these bylaws, the Co-operative Act, the Sacco Act, Rules, Regulations and resolution of General Meetings.



TABASURI DT SAVINGS & CREDIT CO-OP SOCIETY LTD

P.O Box 80862 - 80100 MOMBASA, KENYA
Tel: 0745 392 170 | 0718 056 167 | 0746 475 818
Email: info@tabasuridsacco.co.ke
Website: www.tabasuridsacco.co.ke



ACCOUNT OPENING FORM

MEM No.....

1. APPLICANTS DETAILS

This form needs to be filled and returned to the Fosa Manager TABASURI DT SACCO LTD. You are required to attach a copy of your national identity card/pass- Port and your recent passport size photo with your name, signature & ID number inscribed at the back. Fill in {BLOCK LETTERS}

Name in full..... Date.....

Date of Birth..... ID/Passport No.....

Location..... Sub-location..... Division.....

Mailing address..... Mobile Number.....

Employer..... Employer Tel. No..... Employer address.....

Date of first appointment..... Official Designation.....

If on contract indicate when contract is Ending.....

Official personal No..... Station.....

2. BUSINESS DETAILS

Name in Business..... Business Incorporation No.....

Date of Business registration..... Business Location.....

Business Postal Address..... Email Address.....

Tel No..... PIN No. (If any)..... Fax No.....

Business Ownership.....

Type of Business: (Please tick ✓ where applicable)

Limited Partnership Sole Informal i.e School, Jua kali, etc

Selected type of Account: (Please tick ✓ where applicable)

Ordinary Savings Business Joint Medical Education

Holiday Children Bakisha

Correspondences and statements: (Please tick ✓ where applicable)

Email Address Specify Collected by account holder

SIGNATURE AND MANADATE FORM

1st Signatory

Name: _____
Designation/Title: _____
ID/Passport No: _____
Telephone: _____
Date: _____
Signature _____

2nd Signatory

Name: _____
Designation/Title: _____
ID/Passport No: _____
Telephone: _____
Date: _____
Signature _____

3rd Signatory

Name: _____
Designation/Title: _____
ID/Passport No: _____
Telephone: _____
Date: _____
Signature _____

4th Signatory

Name: _____
Designation/Title: _____
ID/Passport No: _____
Telephone: _____
Date: _____
Signature _____

Account Mandate: Signing Instructions *(please tick ✓ where applicable)*

Singly

Jointly

Either or Survivor

Other (specify below)

Other Signing instructions: _____

DECLARATION

I/We..... undertake to abide by the existing socities by laws, policies and rules and as may be formulated in the course of time.

Signature..... Date.....

For official use

Name.....

FOSA Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date _____

Name.....

FOSA Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date _____

Name.....

FOSA Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date _____

Valid documents Obtained and Authenticated Signature _____ Date _____

Account Opened by _____ Signature _____

Initial deposit:

Cash

Cheque

Transfer

Salary

Other *specify*

Authorized by _____

Signature _____