

# MHASIBU SACCO SOCIETY LIMITED



ABSA Towers, 8<sup>th</sup> Floor  
Tel. +254 020 5141900  
P.O Box 31295-00600  
Email: [info@mhasibusacco.com](mailto:info@mhasibusacco.com)

## MEMBERSHIP ACCOUNT OPENING FORM

Complete your Details in Capital Letters and attach the following Documents:

1. Applicants ID /passport copy.
2. Applicants passport size photo.
3. Copy of nominee's ID/Passport/Birth Certificate if a minor.
4. Copy of proof that you are in a professional body or meet other criteria.
5. Copy of KRA pin certificate.
6. Registration fee of Kshs.1000 (Upon the acceptance of application).

### 1. DETAILS OF THE APPLICANT

SURNAME: <input type="text"/>	FIRST NAME: <input type="text"/>	OTHERS <input type="text"/>
MR./MRS./DR./MISS./MS.	GENDER	DATE OF BIRTH (DD/MM/YY)
MARITAL STATUS	NATIONALITY	ID/ PASSPORT
EMAIL ADDRESS	PHYSICAL RESIDENCE	MOBILE PHONE NO
POSTAL ADDRESS	POSTAL CODE	TOWN
PROFESSIONAL BODY REG. NO.	KRA PIN NO.	ALTERNATIVE MOBILE NO.

### 2. EMPLOYMENT DETAILS

(To be completed by salaried applicants)

NAME OF EMPLOYER	PIN NUMBER	PHYSICAL LOCATION
POSTAL ADDRESS	POSITION HELD	TOWN
TELEPHONE NUMBER	OCCUPATION	

### 3. MEMBERS BANK DETAILS

BANK NAME	BRANCH	ACCOUNT NO.
-----------	--------	-------------

### 4. BUSINESS DETAILS

(To be completed by a business applicant)

BUSINESS NAME	BUSINESS PHYSICAL LOCATION
POSTAL ADDRESS	NATURE OF BUSINESS
APPROXIMATE MONTHLY INCOME (KSHS)	

### 5. CONTRIBUTION DETAILS

I wish to make a monthly contribution of Kshs  Effective date (mm/yy)

Proposed mode of remittances: Check off  Standing Order  Cash Deposits  M-pesa  Cheques

Schemes:

Deposit contribution

Children scheme

Share capital

Holiday scheme

Fixed deposit

### 6. MOBILE BANKING

Enter Mobile Number (Safaricom)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

### 7. NEXT OF KIN (TO BE CONTACTED IN CASE OF DEMISE)

	FULL NAMES	ID NUMBER	EMAIL ADDRESS	RELATIONSHIP	TELEPHONE NUMBER
1					
2					

### 8. NOMINEE - The person(s) designated to receive benefits in case of demise. If a minor indicate 'minor' instead of ID number.

	FULL NAMES	ID NUMBER	EMAIL ADDRESS	RELATIONSHIP	TELEPHONE NO.	% ALLOCATION
1						
2						
3.						

### 9. DECLARATION

I confirm that the information given above is true to the best of my knowledge. By signing on this form, I request you to open an account in my name(s) provided. I agree to abide by the by-laws of this society. I have read and agreed to abide by the Terms and Conditions for this application.

I agree that this account shall be operated solely at the discretion of the society and hereby indemnify the society at my cost, against any cost incurred or claims arising out of the account.

Please sign in the 3 spaces provided \_\_\_\_\_ Date: \_\_\_\_\_

Witness 1: Name: \_\_\_\_\_ ID, \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness 2: Name: \_\_\_\_\_ ID, \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Witness must be society's Member)*

Introduced By:

Sales Representative: \_\_\_\_\_ Mhasibu Sacco Staff: \_\_\_\_\_ Mhasibu Sacco Member: \_\_\_\_\_ Others (State): \_\_\_\_\_

Signature: \_\_\_\_\_ Phone No: \_\_\_\_\_ MHS No. \_\_\_\_\_

How did you learn about Mhasibu Sacco?

Sacco Member \_\_\_\_\_ Twitter \_\_\_\_\_ Facebook \_\_\_\_\_ Others (State) \_\_\_\_\_

### 10. BANK ACCOUNTS

ACCOUNT NAME: **MHASIBU SACCO LTD**

1. NCBA/ Mama Ngina Branch/ Account Number/ 643522001 5/ Swift Code: CBAFKENX
2. EQUITY BANK /Kenya Avenue Branch/ Account Number: 12902719 68015 / Swift Code: EQBLKENA
3. CO-OPERATIVE BANK /University Way Branch/ Account Number 01120040136100/ Swift Code:KCOOKENA

### 11. FOR OFFICIAL USE

Captured by	Date	Signature
Reviewed by	Date	Signature
Authenticated by	Date	Signature
Approved by	Date	Signature

Constituency Allocated

### 12. MEMBER OBLIGATIONS

- Pay their debt obligations to the society without fail and save regularly with the society to mobilize funds for lending to the members.
- Liable for the society's indebtedness in case of insolvency in accordance with the Act and the bylaws.
- Observe the code of conduct and ethics for cooperative societies and desist from any corrupt practices in all dealings with the society.
- 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 the reputation of the society.
- Support issues put forth that improve the sustainability of the Society and promote the goodwill of all members.
- Buy and pay for shares and make any other payments provided in the bylaws of the Society.
- Attend meetings and education forum and take part in decision-making.
- Comply with the By-Laws, the Co-operative Societies laws, SACCO Act, Rules and Regulations and General Meeting Resolutions.
- Observe the code of conduct and ethics for cooperative societies and desist from any corrupt practices in all dealings with the society.