Adlife Plaza 4th Floor Suite 4E
Tel: 254-720 892 546
Email: info@twakirisacco.co.ke
Website: twakirisacco.co.ke

CORPORATE/GROUP MEMBERSHIP FORM

Date: (DD/MM/YYYY) _____/_____/_____.

REQUIREMENTS:

1. **Copy of company's CR 12.**
2. **Copy of company KRA Pin Certificate.**
3. **Copy of Directors KRA Pin Certificate.**
4. **Copy of Directors ID/ Passport.**
5. **Directors' current passport photos.**
6. **Minutes of the Board of Directors meeting resolving to join Twakiri Sacco.**
7. **Copy of articles and memorandum of association.**
8. **Copy of registration certificate.**

We hereby make an application for membership and agree to abide by Twakiri By-laws and Financial Policy.

Member No. MN-

MEMBER DETAILS
Name of Corporate…… ……
Type of Organization: (Partnership, Company, Association, Club (specify)……
Date of incorporation: ..... Registration No: ....
Registered offices (Physical address) .....
Postal Address.....Code.....Town..... .....
Office Tel No: .....Email Address…… ……
Contact Person 1..... ..... Tel No.....
2..... Tel No..... .....
3..... Tel No..... .....

Representative Initial _____ Official Initial _____

Adlife Plaza 4th Floor Suite 4E
Tel: 254-720 892 546
Email: info@twakirisacco.co.ke
Website: twakirisacco.co.ke

Names of Directors (As per Current CR-12/Official search Certificate)		
No.	**Details of Directors**	
1.	**Name:**	**ID/Passport No:**
	Designation:	**Phone No:**
	P. O Box:	**Email:**
	Signature:	
2.	**Name:**	**ID/Passport No:**
	Designation:	**Phone No:**
	P. O Box:	**Email:**
	Signature:	
3.	**Name:**	**ID/Passport No:**
	Designation:	**Phone No:**
	P. O Box:	**Email:**
	Signature:	
4.	**Name:**	**ID/Passport No:**
	Designation:	**Phone No:**
	P. O Box:	**Email:**
	Signature:	
5.	**Name:**	**ID/Passport No:**
	Designation:	**Phone No:**
	P. O Box:	**Email:**
	Signature:	

INTRODUCING REFEREE	
Full Name:	**Member No:**

Twakiri Sacco
together we can do more

Adlife Plaza 4th Floor Suite 4E
Tel: 254-720 892 546
Email: info@twakirisacco.co.ke
Website: twakirisacco.co.ke

CORPORATE MEMBERSHIP JOINING CATEGORIES

The following table shows the Two (2) categories a Corporate can join.

We wish to join Twakiri Sacco under category (Tick one) ☐ **C-1** ☐ **C-2**

Tick	Category	Joining Fee- Ksh	Minimum Joining Shares @ 20/= per Share	Minimum Monthly Deposit	No of Times a Member can borrow against deposit	Period given to fully pay up the Joining fee and joining shares.
☐	C-1	10,000	1,500	20,000	4.5 x Times	3 months
☐	C-2	10,000	2,000	30,000	4.75 x Times	3 months

PAYMENT INFORMATION

We hereby agree to remit to Twakiri Sacco Ksh _____ for Membership Category _____ broken down as follows;

1. Ksh _____ being the Joining fee.
2. Ksh _____ being minimum shares of _____ shares at _____ each.
3. Ksh _____ being Minimum mandatory deposit as per my category _____

OR (for shares Instalment payments)

We hereby agree to remit to Twakiri Sacco Ksh _____ for Membership Category _____ broken down as follows;

1. Ksh _____ being the Joining fee.
2. Ksh _____ being Minimum mandatory depot as per our category _____

And will pay our joining shares in instalments as follows

1. Instalment 1 will pay on (month of) _____ Ksh _____
2. Instalment 2 will pay on (month of) _____ Ksh _____
3. Instalment 3 will pay on (month of) _____ Ksh _____

NOTE

1. Membership Number shall be allocated upon payment of joining fee and 1st instalment of the above and the application form has been approved.
2. Minimum Monthly deposits are payable before the last day of each month.

_____ _____

Representative Initial Official Initial

Adlife Plaza 4th Floor Suite 4E
Tel: 254-720 892 546
Email: info@twakirisacco.co.ke
Website: twakirisacco.co.ke

MANDATE TO TRANSACT ON BEHALF OF THE COMPANY

SIGNING INSTRUCTIONS.....

AUTHORISED WITHDRAWAL OFFICER (Name)1..... Sign ……

AUTHORISED WITHDRAWAL OFFICER (Name) 2..... Sign……

AUTHORISED WITHDRAWAL OFFICER (Name) 3.....Sign ……

AUTHORISED WITHDRAWAL OFFICER (Name) 4..... Sign ……

INDEMNITY CLAUSE

We, the Directors of ..... agree that this account shall be operated solely at the discretion of Twakiri SACCO and hereby indemnify the Twakiri SACCO at our cost against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactory performance.

Name of Director

1.....Signature.....Date .....

2.....Signature.....Date .....

3.....Signature.....Date .....

4.....Signature.....Date .....

5.....Signature.....Date .....

COMPANY STAMP/SEAL

Witnessed/verified by:
Name..... Signature: .....

We wish to nominate …… ID/Passport number ……

to represent the company at the Annual General Meeting (AGM).

Representative Initial Official Initial

Twakiri Sacco
together we can do more

Adlife Plaza 4th Floor Suite 4E
Tel: 254-720 892 546
Email: info@twakirisacco.co.ke
Website: twakirisacco.co.ke

OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY (All supporting documents and Payments verified)		
Accountant Name:	Signature:	Date:
FOR OFFICIAL USE ONLY		
Manager's Name:	Signature:	Date:
FOR OFFICIAL USE ONLY		
Hon. Secretary:	Signature:	Date:
FOR OFFICIAL USE ONLY		
Chairman:	Signature:	Date:
Comments:		

BANK AND PAYMENT INFORMATION

Banking Information	
Bank Name:	Cooperative Bank
Branch:	Kilimani Branch
Account Name:	Twakiri Sacco Society Ltd
Account No.	011 437 842 69600

PAYMENT VIA MPESA	PAYMENT VIA WAVE
Lipa Na Mpesa Select Pay Bill Enter Business No. -400222 Ac No: 407452# Member No. or your Name. Enter amount Enter Mpesa Pin.	Wave Payments · Go to – New Bank Account. 1. Choose Cooperative Bank. 2. Enter Account Name as - Twakiri Sacco Society Ltd 3. Enter account Number – 011-437-842-69600 4. Enter Amount…… 5. Wave saves the information.

Kindly submit the application form and payment information to you will receive via SMS confirming payment to info@twakirisacco.co.ke or Phone No. +254 720 892 547 using WhatsApp