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

INDIVIDUAL MEMBERSHIP FORM

Attach Photo

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

I hereby make an application for membership and agree to abide with Twakiri By-laws, Financial Policy and Rules and Regulations that govern the Sacco.

NB: This form must be submitted together with I.D or PP copy, KRA Pin Certificate

Member No. MN-		
MEMBER DETAILS		
Mr/Mrs/Ms/Dr/Prof/Eng:	Full Names (As Per ID) or PP	
ID / Passport No:	DOB: (DD/MM/YYY)	Gender (M/F) _____
Mobile No 1:	Mobile No 2:	
Email Address:		
Postal Address:	Postal Code:	Town:
KRA PIN:	Country:	
Signature:		
EMERGENCY CONTACT PERSON (If Primary Member cannot be reached		
Name:	Relation:	
Phone No:	Email Address:	
ID/Passport Number:		
EMPLOYMENT DETAILS		
Name of Employer:		
Occupation:		
Business Telephone No:		
Postal Address:	Postal Code:	Town:
BANK DETAILS (I authorize Twakiri Sacco to pay all my future benefits and claims to the Bank Account below until advised otherwise in writing)		
Account Name:		
Account Number:		
Bank Name:	Branch:	
INTRODUCING REFEREE (where applicable)		
Full Name:	Member No:	

_____ Applicant Initial

_____ Official Initial

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ELIGIBILITY TO JOIN

The member must meet the following qualifications:

1. Is eligible as described in the Twakiri By-Laws (Clause 7).
2. Has fully completed the Membership Form.
3. Has paid the entrance fee and minimum joining shares as prescribed in the Financial Policy.
4. Has fully understood the objectives of the Sacco, his obligations as a member and other requirements as stated in the By-Laws.

MEMBERSHIP JOINING CATEGORIES

The following table shows the various categories an individual can join.

I wish to join Twakiri Sacco under category (Tick one) ☐ A ☐ A-1 ☐ A-2 ☐ B-1 ☐ B-2

Tick	Category	Joining Fee- Ksh	Minimum Joining Shares @ 20/= per Share	Minimum Monthly Deposit	No of Times a Member can borrow against their Deposit	The period given to fully pay up the Joining fee and joining shares.
☐	A	1,000	25	1,000	3 Times	Immediate
☐	A-1	2,000	50	2,000	3.25 Times	2 months
☐	A-2	5,000	500	3,000	3.50 Times	4 months
☐	B-1	10,000	1,000	5,000	3.75 Times	5 months
☐	B-2	10,000	1,000	10,000	4.25 Times	5 months

Notes:

1. The joining fee is non-refundable.
2. A member may pay for minimum joining shares within 4 months.
3. Contributions are mandatory every month of which 10% per cent of the minimum monthly deposit shall be credited to individual shares.
4. A Member is encouraged to make more than the minimum monthly deposit in the chosen category.
5. A member may qualify to upgrade from one category to another upon application (see Financial Policy for more details)

This is to confirm that I have read and understood Twakiri's By-Laws and the Financial Policy.

Name: _____ **Signature:** _____

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PAYMENT INFORMATION

I 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)

I 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 my category _____

And will pay my 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 _____
4. Instalment 4 will pay on (month of) _____ Ksh _____
5. Instalment 5 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.

_____ Applicant Initial
_____ Official Initial

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BENEFICIARY NOMINATION FORM

The Co-operative Society's Act Section 39 and Rule No. 32 require members to appoint a **Nominee** (who can claim the member's shares in case of death) on a standard form. We request you to sign and forward to the Sacco for safekeeping.

NOTE

1. **"A nominee"** means a person appointed by the member to inherit the shares, deposits, and other interests in the society upon the demise of a member.
2. If more than (5) Five nominees, please attach a separate list.
3. Attach a copy of the birth certificate if the Nominees are minors
4. Attach copies of IDs or passports (details page) if Nominees are adults
5. A Member can change a nominee at any time by notifying the Management in writing.

I _____ hereby nominate the following individual(s) to inherit my shares, deposits, savings, or interest in Twakiri Sacco in the following manner.

No.	Details of Nominee (s)	
1.	**Name:**	
	P. O Box	**Phone No.**
	I.D/ Passport Number:	
	Relationship	**Percentage (%)**
2.	**Name:**	
	P. O Box	**Phone No.**
	I.D/ Passport Number:	
	Relationship	**Percentage (%)**
3.	**Name:**	
	P. O Box	**Phone No.**
	I.D/ Passport Number:	
	Relationship	**Percentage (%)**
4.	**Name:**	
	P. O Box	**Phone No.**
	I.D/ Passport Number:	
	Relationship	**Percentage (%)**

_____ Applicant Initial

_____ Official Initial

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5.	Name:	
	P. O Box	Phone No.
	I.D/ Passport Number:	
	Relationship	Percentage (%)

Name: _____ Signature: _____

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:		

_____ Applicant Initial
_____ Official Initial

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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

Lipa Na Mpesa Select Pay Bill
Enter Business No. -400222
Ac No: 407452# Member No. or your Name.
Enter amount
Enter Mpesa Pin.

PAYMENT VIA WAVE

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.
6. You will receive an SMS confirming payment

Kindly forward the application form and payment information to

info@twakirisacco.co.ke

or

Phone No. +254 720 892 547 using WhatsApp

Applicant Initial _____ Official Initial _____