



FORM 002A

MEMBER NO:

**MEMBERSHIP APPLICATION/ ACCOUNT OPENING FORM**

I/We, hereby make an application for membership in the society and agree to conform to the By-Laws and any amendment thereof, and I will pay **membership enrolment fee of Ksh. 500.**

**Individual Membership**  **Group Membership**  **Corporate Membership**

**TICK BELOW THE ACCOUNT YOU WISH TO OPEN**

Biashara Account  Prestige Account  Corporate/Group Account  Kanisa Account   
Kilimo Account  Holiday Account  Giraffe Junior Account  Faida Account

**PERSONAL DETAILS**

Full Name (Mr/Mrs/Miss etc.) \_\_\_\_\_  
ID Type (National ID/Passport/Alien ID/Military ID) No. \_\_\_\_\_ Citizenship \_\_\_\_\_  
Mobile No (1.) \_\_\_\_\_ Mobile No (2.) \_\_\_\_\_ Date of birth (dd/mm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Gender \_\_\_\_\_ E-mail address \_\_\_\_\_ Home/permanent address \_\_\_\_\_  
County \_\_\_\_\_ Electoral area \_\_\_\_\_ KRA PIN \_\_\_\_\_

**GIRAFFE JUNIOR ACCOUNT DETAILS**

Childs' name: Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Date of birth \_\_\_\_\_ Childs' Birth Certificate No. \_\_\_\_\_ Gender \_\_\_\_\_

**CORPORATE DETAILS:**

Name \_\_\_\_\_ Reg./Co. No. \_\_\_\_\_ Reg. serial no \_\_\_\_\_  
Date Established \_\_\_\_\_ Nature of Business \_\_\_\_\_ KRA PIN \_\_\_\_\_  
Address (Physical \_\_\_\_\_ Permanent \_\_\_\_\_) County \_\_\_\_\_  
Sub-County \_\_\_\_\_ Village \_\_\_\_\_

**BUSINESS DETAILS**

Business Name \_\_\_\_\_ Type of Business \_\_\_\_\_ Business Location \_\_\_\_\_  
Approx. Monthly Income \_\_\_\_\_ Business/Reg. NO \_\_\_\_\_ Business Address \_\_\_\_\_

**MODE OF SHARES CONTRIBUTION/REMITTANCE**

Standing Order  Direct Deposit (Cash/pay bill)  Any other (Specify) \_\_\_\_\_  
I/we, hereby authorize a monthly shares contribution of Ksh \_\_\_\_\_ (Amount in words) \_\_\_\_\_  
\_\_\_\_\_ Commencing from \_\_\_\_\_

**SOURCES OF INCOME**

Business Proceeds  Any other (Specify) \_\_\_\_\_

**Alternate Channels** (Not Applicable to Corporate/Group A/Cs)

Would you like to subscribe to Mobile banking & Agency banking channels? **Yes**  **No.**

**Terms & conditions apply** ( [www.kwetusacco.com](http://www.kwetusacco.com) ).

**NOMINEE INFORMATION** *(Applicable to Individual A/Cs)*

I/We, the above mentioned, in the event of my/our death whilst a member of the society, hereby instruct Kwetu SACCO Ltd to pay all that amounts to me/us, less any debt to the society, to the person (s) named in this section (**The name of the nominee (s) can be given in a sealed letter** ). I/We understand that I/We may alter the name of the nominee (s) in the next of kin forms/ cards.

NAME..... RELATIONSHIP.....ID NO..... PHONE NO. ....  
NAME..... RELATIONSHIP.....ID NO..... PHONE NO. ....

**DECLARATION CLAUSE**

I/We, ..... agree that this account shall be operated solely at the discretion of Kwetu SACCO Ltd and hereby agree to indemnify the SACCO against any loss or claims arising out of the account being closed by the SACCO without notice due to unsatisfactory performance.

I/We, having read and understood the General Terms and Conditions and Data Privacy statement available at the SACCO Branches or on the SACCO’s website: [www.kwetusacco.com](http://www.kwetusacco.com) hereby authorize the SACCO to use my contact details to send information about products and services including but not limited to offers and promotions which may be of interests to me. The SACCO may do this by phone calls, texts, post, email, or through any digital media.

I/We, confirm having understood that my personal data provided in this application form shall be processed in accordance with the provisions of the Data Protections Act, 2019 (KE), and where applicable the General Data Protection Regulation (EU) 679/2016 or all other applicable laws as may be amended from time to time.

I/We, declare that the information provided in this form is true to the best of my knowledge.

Name \_\_\_\_\_ ID No \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_  
Name \_\_\_\_\_ ID No \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_  
Name \_\_\_\_\_ ID No \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

*Signing Instructions (Applicable to non– individual accounts) Indicate how many to sign..... (e.g. 2, 3 or all).*

Individual (Sign/	Chairperson/Director (Sign/ Thump print)	Secretary (Sign/ Thump print)	Treasurer (Sign/ Thump print)	Member (Sign/ Thump print)	Member (Sign/ Thump print)

**FOR OFFICIAL USE ONLY**

**Customer Information Checklist**

I confirm that all the above details have been obtained in accordance with the KYC requirements and opening of the account is here by confirmed.

<input type="checkbox"/>	Valid Identification Doc. Obtained and authenticated	<input type="checkbox"/>	Customer Contact information available
<input type="checkbox"/>	Photographs obtained/captured and authenticated	<input type="checkbox"/>	Mandated signatures Obtained
<input type="checkbox"/>	KRA PIN (s)	<input type="checkbox"/>	Birth Certificates/Notifications (Giraffe A/c)
<input type="checkbox"/>	Valid Registration Certificates & Constitution/By-laws	<input type="checkbox"/>	Signed Minutes to Open A/C
<input type="checkbox"/>	Resolutions to Open A/C	<input type="checkbox"/>	List of Members or Directors

**ACCOUNT NO:**

Introduced By .....ID NO..... Signature.....  
Data Captured By..... Sign..... Date.....  
Checked by.....Sign..... Date.....  
System approved by..... Sign..... Date.....  
Members File Opened By..... Sign..... Date.....  
Approved by management-minute number .....  
Chairman..... Secretary..... Treasurer.....