BORESHA SACCO SOCIETY LTD

P.O Box 80-20103,Eldama Ravine. | Tel: +254(20)8024881 | Cell: +254720200689/734200004 |
Email:info@boreshasacco.co.ke Website: www.boreshasacco.co.ke

CS: 2549

Attach Passport photo

INDIVIDUAL MEMBER UPDATE FORM

PERSONAL DETAILS

Name:(As it appears in National ID)	ID/Passport No	ID Serial No	Date of Birth	Gender M[ ] F[ ] Others[ ]

Title: Mr/Mrs/Miss/Dr/Prof	Mobile No:	KRA PIN No:
Country:	Occupation:	E-Mail:

My Present Address	County	Sub-County	Ward	Village/Estate
My Home Address	County	Sub-County	Ward	Village/Estate
Contact Person Name	ID No.	Phone No.	Relationship	Town/Village/Estate

EMPLOYMENT DETAILS (IF EMPLOYED)

Employer:	Work Station Address:

Payroll Number:	Workstation:	Designation:

IF NOT EMPLOYED Nature of activity involved:.....

Business Name:	Registration No:	Location:

SACCO DETAILS

Member Number:	Account Number:

OTHER ACCOUNT HELD AT THE SACCO (Savings,Mzinga,Holiday etc)

Account Name	Account Type e.g Mzinga	Account Number	Branch
1.			
2.			
3.			

Are you a member of a group?Tick Yes[ ] No[ ]
If yes fill below details

	Group Name:	Group Account Number:
1.		
2.		

Are you a Signatory to other Accounts?Tick Yes[ ] No[ ]
If yes fill below details

	Account Name:	Account Number:
1.		
2.		

TAX EXEMPTION (attach copy of exemption certificate)

Certificate No:	Commencement Date:	Expiry Date:

DECLARATION:

I confirm the above information to be true, correct and accurate to the best of my knowledge.

ID.....Sign .....Date.....

FOR OFFICIAL USE:

	Name	Sign	Date
Received and Confirmed by:			
Captured/Edited by:			
Verified by:			

REMARKS:(IPRS/KRA/MPESA/NHIF).....

NOTE: 1. Attach ID Copy and KRA PIN Certificate Copy. 2. Members are required to fill next of Kin/Benefiaries Form.

TERMS AND CONDITIONS

Account Opening

I) Pay account opening fees Ksh.500/= which shall be the minimum account balance.
II) Duly filled Form with all the requisite supporting documents attached e.g Next of Kin Nominee form.
III) Upon submission of the duly completed form with all the required attachments, a FOSA account number shall be issued.
IV) In case of a joint account and one of the account holders dies, then the money in the account will be revert to the surviving account holder(s).
V) Any Discrepancy in the statement of account, the account holder should write in confidence to the CEO, Boresha DT SACCO Society Limited, Head office within 14 days after receiving the statement.
VI) The SACCO shall determine from time to time the rate of interest payable on the account subject to prevailing rates in the market.

Membership

I) Pay Membership entrance fee of Ksh.500 or Renewal of Ksh1000.
II) Meet all the membership qualifications which include share capital and equity shares contributions as prescribed in the policy and bylaws.
III) Accessing all legitimate information relating to the Sacco, subject
IV) Attend and actively participate in members meetings and voting where each member has one vote irrespective. of his/her shareholding.
V) Participate in sharing SACCO total surplus.
VI) Be faithful and honest in all dealings with the Society.
VII) Refrain from engaging in any business that is in competition with the SACCO.
VIII)Protect the image of the society and avoid unnecessary incitement or careless talk that can injure the reputation of the SACCO.
IX) Inform the SACCO of any change of address or contact whenever it occurs.
X) Pay all debt due to the SACCO without fail including due capital and equity shares as prescribed per policy.
XI)Comply with the By-laws, the Co-operave Act, the Sacco Rules, Regulations and resolutions of ADM.
XII) Allow the SACCO to collect, process and store my personal information as per the data protection guideline.
XIII) Abide by all SACCO terms and conditions stated above as an active member of the SACCO.

I hereby declare that I shall abide by all the above terms and conditions .

NAME:.....ID.....Sign .....Date.....

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