

**MWITO CO-OPERATIVE SAVINGS AND CREDIT SOCIETY**  
**TEL NO: 020-3505209 , 0713786028, 0715555390. EMAIL info@mwitosacco.coop**

The C.E.O  
Mwito Co-operative society Ltd.  
P.O Box 56763 – 00200  
NAIROBI.

REF. CS 3047

**APPLICATION FOR MEMBERSHIP FORM**

I hereby make application for membership and agree to confirm to the society's by-laws and any amendments thereof.

Name in full \_\_\_\_\_ (Block Letters)

Date of birth \_\_\_\_\_ Official Designation \_\_\_\_\_

Date of 1<sup>st</sup> appointment \_\_\_\_\_ Terms of service \_\_\_\_\_

Employer \_\_\_\_\_ Dept/Section \_\_\_\_\_

Payroll No \_\_\_\_\_ Station \_\_\_\_\_

Present address \_\_\_\_\_ Code \_\_\_\_\_ Town \_\_\_\_\_

Home Address \_\_\_\_\_ Code \_\_\_\_\_ Town \_\_\_\_\_

Email address \_\_\_\_\_ cell phone \_\_\_\_\_

Parent/Guardian and Address \_\_\_\_\_

Sub-location \_\_\_\_\_ location \_\_\_\_\_ County \_\_\_\_\_

**NOMINEE & ADDRESS (BURIAL FUND) Nominee preferably above 18 years**

Age \_\_\_\_\_ I/D No \_\_\_\_\_ Cell phone \_\_\_\_\_

Nominee's relationship to member \_\_\_\_\_

**NOMINEE AND ADDRESS (SHARE REFUND)**

Age \_\_\_\_\_ I/D No \_\_\_\_\_ Cell phone \_\_\_\_\_

Nominee's relationship to member \_\_\_\_\_

**ALTERNATE NOMINEE AND ADDRESS (in case of death of nominee to share refund)**

Age \_\_\_\_\_ I/D No \_\_\_\_\_ Cell phone \_\_\_\_\_

Nominee's relationship to member \_\_\_\_\_

**AUTHORITY TO MAKE DEDUCTION FROM MY SALARY- MONTHLY SAVINGS**

I, MR/MRS/MISS \_\_\_\_\_

Hereby authorize you to deduct the amount stated below from my salary every month and to pay it to Mwito Co-operative Savings and Credit Society Ltd. with effect from month of \_\_\_\_\_ until further notice. Non-refundable membership fee of **Shs.500**. Share/Deposit contribution per month \_\_\_\_\_

Applicant's signature \_\_\_\_\_ I/D No. \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Approving officer's name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



**MWITO SACCO SOCIETY LTD**  
**(FRONT OFFICE SERVICES ACTIVITY)**

**APPLICATION TO OPEN A PERSONAL/JOINT SAVINGS ACCOUNT**

I/We undersigned hereby apply to open a Normal Savings Account to be styled as follows:

\_\_\_\_\_

\_\_\_\_\_

My/Our particulars are as detailed here below:

Identity Card No: \_\_\_\_\_ Sacco No. \_\_\_\_\_

Identity Card No: \_\_\_\_\_ Sacco No. \_\_\_\_\_

Address P.O. Box \_\_\_\_\_

Mobile No \_\_\_\_\_ Payroll No \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Station \_\_\_\_\_

Present Bankers \_\_\_\_\_ Branch \_\_\_\_\_

Nominee: \_\_\_\_\_ Relationship \_\_\_\_\_

Nominee's Tel: \_\_\_\_\_ Nominee's ID.No. \_\_\_\_\_

**Indemnity Clause:** I/We agree that this account shall be operated solely at the discretion of the SACCO and hereby indemnify the SACCO at my/ our cost without notice because of unsatisfactory performance.

Yours Faithfully,

Applicants Full Name (s) \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ Signature \_\_\_\_\_

Monthly Contributions Kshs. \_\_\_\_\_ From \_\_\_\_\_ 20.....  
*Month Year*

**For official use**

Sacco Account No. \_\_\_\_\_ Approved by: \_\_\_\_\_

Date: \_\_\_\_\_ Authorized Signatory \_\_\_\_\_



ISSUE FORM NO.....

---

## SACCOLINK CARD APPLICATION FORM

---

**PLEASE COMPLETE DETAILS IN CAPITAL LETTERS**

Branch: \_\_\_\_\_ Date: \_\_\_\_\_

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Applicant's ID No. \_\_\_\_\_

Account Number: \_\_\_\_\_

P.O. Box 

--	--	--	--	--	--

Postal Code 

--	--	--	--	--	--

Town 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Office Tel. 

--	--	--	--	--	--	--	--

Mobile Number 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

House Telephone 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Declaration by the Card Applicant

I/We authorise the MWITO Sacco to issue an ATM card to my account and warrant that the information given above is the true and complete. I/We authorize you to make any enquiries necessary in connection with the application. I/We accept and agree to be bound by the conditions of use, detailed overleaf (as amended from time to time). I/We agree that I am/Will be liable for all charges incurred through the use of this card. I/We understand that My/Our application can be declined by the MWITO Sacco without giving reasons to the extent permitted by law.

Applicants Signature (s): \_\_\_\_\_ Date \_\_\_\_\_

---

### For official use

Sacco: Verified by: \_\_\_\_\_ Approved by: \_\_\_\_\_

Date: \_\_\_\_\_ Sacco Stamp \_\_\_\_\_

---

## CONDITIONS OF USE

### DEFINITIONS OF TERMS -

- The "Sacco" refers to the MWITO Co-operative Society
- The "Bank" refers to the Co-operative Bank of Kenya Ltd
- "Branch" means a branch of the MWITO Sacco
- "Business day" means a day on which banks are normally open for ordinary business in Kenya excluding Saturday, Sunday and gazetted public holidays.

3. The Sacco is authorised to debit

the Cardholder's account with all amounts withdrawn by means of the SaccoLink Card using the PIN.

4. The cardholder must not put the card and PIN together. The Cardholder should change the PIN immediately on suspicion the PIN is compromised.

#### LOST/STOLEN SACCOLINK CARD

1. If the SaccoLink Card is lost or stolen or misplaced the Cardholder must notify the Sacco or call the number on the reverse side of the SaccoLink Service Point. Verbal notification must be confirmed in writing immediately; and a lost/stolen letter of indemnity shall be signed by the Card holder.

2. A Lost or stolen card notice shall indicate the particulars of the cardholder including name, address, Branch that issued the Card, account number, card number, and date of reporting. Once the notice is received the particulars of the Lost/stolen SaccoLink Card will then be input on the Hot Cards list.

3. In case of dispute over effective date and time of reporting loss or theft, in relation to 1 above, the time and date of receipt of the written confirmation shall be regarded as the date of notification to the Bank.

4. The Cardholder shall be liable in respect of any transaction instructions affecting the Sacco account that is given with a valid PIN.

5. The Cardholder shall give to the Bank or any person acting on

Bank's behalf all necessary assistance in any investigations, avail all information as to the circumstances of the loss or theft of the SaccoLink Card, and take all reasonable steps to assist recovery of the SaccoLink

6. A lost card that is recovered by the Cardholder should be returned to the nearest branch of the Sacco. The Sacco or Bank has discretion on approving continued use of such a card.

7. If the report of a loss or theft of card is communicated by someone other than the cardholder, the Sacco/Bank shall not be held liable for any damages thereto.

#### SIGNATUR

**The cardholder should sign on the panel provided on the reverse of the card on receiving the card. The signature should be similar to that on the National ID otherwise the card maybe rejected by merchants**

#### 24 HR SERVICE

**The card 24 hr hotline number is found on the reverse side of the**

" C u s t o m e r i n s t r u c t i o n s "

m e a n s

a n y

r e q u e s t

o r

i n s t r u c t i o n s

f r o m

t h e

C a r d h o l d e r

t o

t h e

S a c c o

o r

b a n k

:" S a

**ccoLink** " refers to the Sacco electron debit card

"**Pin**" means any confidential password, code or number, whether issued to the Sacco by the bank or adopted by the Sacco and accepted by the bank which may be used to access Co-opSwitch network.

"**ATM**" means Automatic Teller Machine

"**Sacco Cardholder**" refers to a Sacco customer who has been issued with an ATM card together with a corresponding personal identification number (PIN)

"**Transaction fees**" These are the ATM transaction charges.

"**24 hr service hotline**" refers to the telephone number on the reverse side of the SaccoLink card.

"**HOT CARD**" A card that is reported stolen or lost.

SaccoLink card. Cardholders should keep the 24 hour hotline number in their mobile number or frequently used telephone book.

## REPLACEMENT OF CARDS

The Sacco shall replace lost or damaged cards within 2 weeks. The cardholder will be expected to pay for the replacement of the card at a rate that may change from time to time.

## FORGOTTEN PIN

If a PIN is forgotten the Cardholder shall return their SaccoLink card to the Sacco where a replacement card will be ordered at a fee.

## CANCELLATION, STOPPAGE OF SACCOLINK CARDS AND PAYMENT

1. The Cardholder may at any time cancel his/her SaccoLink Card by returning it to the point of issue. If the return is made by mail the card must be cut into two.
2. Payments made by means of the SaccoLink debit card are irrevocable.
3. In case of a problem the Bank/Sacco may at any time cancel and/or stop a card without notice or assigning any reason and without incurring any liability to the Cardholder until a solution is found.
4. On closing of the account on which the SaccoLink Card is operated, it shall be the duty of the Cardholder to return the Card immediately to the point of issue.

prevent the loss of and or use of the card or PIN by any third party.

## JOINT ACCOUNT

Account held jointly by two or more persons whose mandate is "Any to sign" Accounts which require more than one signatory will not be issued with SaccoLink.

## GENERAL CONDITIONS

1. The SaccoLink Card is neither a credit card nor a cheque guarantee card and shall not be presented as such.
2. The SaccoLink Card is for use only at Co-op Bank ATMs, other Bank Visa branded ATMs and at Visa branded merchant point of sales.
3. The Sacco/Bank reserves the right to withdraw the use of SaccoLink Card or to refuse request for authorisation of any SaccoLink card transaction at any time and without prior notice.
4. The SaccoLink Card once issued to the Cardholder is not transferable.
5. The SaccoLink Card is the property of the Sacco and the Card holder undertakes to return the card to the Sacco or Sacco/Fosa on demand.
6. The card must not be used for any unlawful purpose, including the purchase of goods or services prohibited by local and international law.

## USE OF PERSONAL IDENTIFICATION NUMBER (PIN)

1. The Cardholder will be issued with a PIN.
2. The Cardholder shall exercise due care and attention to ensure safety of the card and secrecy of the PIN at all times and to

## **CHARGES**

The Sacco shall levy charges for the use of the service which may change from time to time. The Cardholder shall be informed of such changes by notice in Sacco's Branches.

## **LIABILITY OF A CARDHOLDER**

Subject to above condition, Cardholders shall be fully liable in respect of each transaction instruction.

## **ACTS THAT DO NOT BIND EITHER PARTY**

Neither party shall be liable for failure or delay in the performance of its obligations under this agreement to the extent that such failure or delay is caused by matters beyond that party's reasonable control including but not limited to destruction arising out of war, rebellion civil commotion, strikes, lockouts and industrial disputes, fire explosion earthquake and or other seismic activity, acts of God, flood drought or bad weather, the unavailability or other media or other acts or orders of any government department, council or other constituted body. Notice of these circumstances shall be given to the other party as soon as practicable. For so long as performance of those obligations is suspended the other party may similarly suspend performance of its obligations.

## **AMENDMENT**

These terms and conditions may be amended at any time by notice from the Sacco to the Cardholder. The Cardholder will be informed of such amendment by notice at Sacco's branches. Any such amendments shall be deemed to be effective and binding upon the Cardholder upon publication of the notice.

---