

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

MEMBERSHIP APPLICATION FORM

Part 1: Instructions

This form needs to be filled and returned to Mwito Sacco Society Limited, P.O. Box 56763-00200 Nairobi, Kenya.

Kindly attach the following Mandatory documents

- i. Copy of your National ID/Valid Passport
- ii. Two recent colour passport size photo (write your name, ID No. and signature at the back)
- iii. Copy of KRA Pin Certificate

Part 2: Personal Details

Name in full _____ (Block Letters)

Date of Birth (**dd/mm/yy**) _____ Gender _____ Marital Status _____

National ID /Passport No. _____ KRA PIN _____

Mobile No. _____ Email Address _____

Permanent Address _____

Present Address _____ Code _____ Town _____

Re-Joining the Sacco? **Yes/No** _____

Part 3: Employment Details (To be completed by an Employed Applicant)

Employer _____ Employer Address _____

Station _____ Payroll No _____ Position in Employment _____

Date of 1st Appointment _____ Terms of service _____

Part 4: Business Details (To be completed by an Individual Contributor Applicant)

Business Name _____

Nature of Business _____ Location _____

Part 5: Nominee & Address (Deposits Refund)

No.	Name	Relationship	% Allocation	ID No.	Tel. Contact

Monthly Contributions to be paid through (Tick Appropriate)

Check Off Direct Debit Fosa Remittance

Nonrefundable Membership fee of Kshs. 1,000 should be included in the first month contributions.

I hereby make application for membership and agree to conform to the society’s By-laws and any amendments thereof.

Applicant’s signature _____ I/D No. _____ Date _____

AUTHORITY TO MAKE DEDUCTION FROM MY SALARY- MONTHLY SAVINGS

I, MR/MRS/MISS _____

Hereby authorize you to deduct the sum of Kshs _____ from my salary every month and pay to Mwito Co-operative Savings and Credit Society Ltd. with effect from month of _____ until further notice. Non-refundable membership fee of **Shs.1000**. Share/Deposit contribution per month _____

Applicant’s signature _____ I/D No. _____ Date _____

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Approving officer’s name _____ Signature _____ Date _____

Membership No. _____

FOSA NO. _____

MWITO SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

FORM M2 CS/3047

P.O. BOX 56763 - 00200 NAIROBI, TEL 020-3505209, 0713-786028, EMAIL

info@mwitosacco.coop



SINK FUND NOMINEE FORM

A MEMBER'S PARTICULARS

Name in full (As per ID card)

Payroll No Cell Phone

Email ID/No

B NOMINEE & ADDRESS - FUNERAL EXPENSES

1. Name Spouse (Husband/Wife)

Date of birth ID/No..... Cell Phone

Other nominees (Nominee preferably immediate family member)

1. Name Relationship

Date of birth ID/No..... Cell Phone

2. Name Relationship

Date of birth ID/No..... Cell Phone

3. Name Relationship

Date of birth ID/No..... Cell Phone

4. Name Relationship

Date of birth ID/No..... Cell Phone

NB - The fund will cater for 2 nominees per year

C ALTERNATE NOMINEE AND ADDRESS (In case the above are minors)

Name I/D

Relationship Cell Phone Email.....

Postal Address.....

I hereby authorize you to recognize the above named person(s) for the purpose of my funeral expenses benefits due from the Society until further notice.

Name Signature Date

FOR OFFICIAL USE

AUTHORIZED BY

SIGNATURE DATE

PTO for filling instructions

PTO FOR INSTRUCTIONS

1. NOMINEE

FORM M2 CS/3047

The legal definition of “**nominee**” varies depending on industry (e.g. financial or insurance sector), contract, office held etc., as listed here below:

- a) a person named as the recipient of a grant, conveyance, or annuity
- b) a person named or proposed for an office, duty, or position
- c) a person named to act as another's agent or representative
- d) a person who receives the benefit in case of death of the insured person, (usually the spouse, children or parents)

In our case

- a) Every member shall nominate in writing one or more persons as nominee(s) whom upon his death, the shares, deposits and any other interests in the society shall be transferred.
- b) The names of such nominee(s) shall be entered in the nominee register.
- c) Where more than one nominee is appointed by a member he shall specify the amount of shares to be transferred to each nominee. Provided however where no amount is specified each of the nominees shall receive equal shares.
- d) A member desirous of changing nominee(s) may do so at any time provided that such change or alteration is in writing and signed by the member in presence of two competent attesting witnesses.
- e) The particulars of the nominee(s) shall be recorded and kept in a sealed envelope or electronic media to be safely kept in the custody of the Chief Executive Officer and whose reference shall be entered in the register of members.

2. PAYMENT TO NOMINEE

The society after obtaining such documentary proof of the death of a member as it may consider necessary, shall pay to the nominee within 48 hours the amount due for funeral expenses. The nominee may also receive payments from the sinking fund, Risk management or any approved insurance programme.

3. ADMISSION OF NOMINEE

A nominee may be admitted to membership of the society if qualified. The benefits due to the deceased member shall be transferred to the account of that nominee.

4. HOW TO FILL

- ❖ **Part A**, fill your personal details as guided. These details will be counterchecked with our system records, in case of any changes you will be advised
- ❖ **Part B**, the nominees to the sink fund are the ones to be paid the **funeral expenses** in the event of death of a member and vice versa, (preferable the spouse, children or parents).
- ❖ **Part C**, the nominee(s) are the ones to be paid funeral expenses amount due on the account of the deceased member. However, where the nominees are minors, there is need to have an alternate nominee who will administer the account of the deceased member on behalf of the minors.
- ❖ For minors use birth certificate number in the place of I/D no. for the adults.

5. AMENDMENTS

- ❖ Changes or amendments to the nominee details take effect after 91 days from the date the changes are lodged with the Sacco. One needs to be very keen while filling this form owing to its importance.



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Your Financial Pillar

SACCOLINK ATM CARD APPLICATION FORM

Form M4CS/3047

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

Membership No: _____ 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 authorise MWITO Sacco to issue an ATM card to my account and warrant that the information given above is true and complete. I authorize you to make any enquiries necessary in connection with the application. I accept and agree to be bound by the conditions of use, detailed overleaf (as amended from time to time). I agree that I am/will be liable for all charges incurred through the use of this card. I understand that MWITO Sacco can decline my application without giving reasons to the extent permitted by law. Kshs 600 will be charged from your Fosa account for the ATM application.

Applicants Signature (s): _____ Date _____

For Sacco 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 ⁴. ▪ The “Bank” refers to the Co-operative Bank of Kenya
- “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.
- “Customer instructions” means any request or instructions from the Cardholder to the Sacco or bank.
- “SaccoLink “ 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.

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 Cardholder 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 prevent the loss of and or use of the card or PIN by any third party.
3. The Sacco is authorised to debit the Cardholder’s account with all amounts withdrawn by means of the SaccoLink Card using the PIN. 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, 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 the Cardholder shall sign a lost/stolen letter of indemnity.
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 Card.
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.

SIGNATURE

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 HOTLINE

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

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.

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 effective and binding upon the Cardholder upon publication of the notice.



Mwito Savings & Credit Co-operative Society Ltd, Desai Road off Murang'a Road
 Opposite Nairobi Gymkhana Club – Ngara P.O. Box 56763-00200 Nairobi, Kenya
 Land-line (Wireless): +254 (020) 3505209 , 0713-786028,
 0715-555390

M-MWITO REGISTRATION FORM
 (Mobile Banking Solution)

Customer National ID No: _____ * (Please attach a copy of your national ID card)*

Customer Names: _____ *

M-MWITO Mobile Phone No; _____ * (Safaricom Number ONLY)

Statement Email Address: _____

I want to use M-MWITO on the following Account No:

1. _____ *(e.g., Fosa account 502-0xxxxx-00)

2. _____

3. _____

Declaration by the Subscriber

I certify that the information I have given above is true.

Customer Signature: _____ *

Date: _____

Use of M-MWITO is subject to M-MWITO terms and conditions. Please refer overleaf for details.

Details marked with (*) and copy of ID are compulsory, failure to complete these details will lead to nullification of your application

FOR OFFICIAL USE ONLY

Form Serial No: 2016

Date Entered: _____ Captured By: _____ Sign: _____

Verified By: _____ Date Verified _____ Sign: _____

Approved By: _____ Date Approved _____ Sign: _____

DEFINITION OF TERMS

- The “Sacco” refers to the Mwito Co-operative Society Ltd.
- “M-Mwito” refers to the Mobile banking solution service
- “Branch” means a branch of the Mwito Co-operative Society Ltd.
- “Business day” means a day on which banks are normally open for ordinary business in Kenya excluding Saturday, Sunday and gazetted public holidays.
- “Customer instructions” means any request or instructions from the M-Mwito Customer to the Sacco.
- “Pin” means any confidential password, code or number, normally 4 digits that may be used to access the M-Mwito service.
- “Transaction fees” These are the M-Mwito transaction charges.
- “24 hr service hotline’ refers to the telephone number that will be provided for M-Mwito customers in case of any queries related to M-Mwito Service

General Conditions

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 M-Mwito Service

Use of Personal Identification Number (PIN)

- a) M-Mwito subscriber shall receive an SMS informing them of their registration and PIN.
- b) The subscriber shall be required to change the PIN before using the M-Mwito Services
- c) The subscriber shall exercise due care to ensure the secrecy of the

PIN at all times and prevent use of PIN by any third party.

CONDITIONS OF USE

Lost/ Stolen Sim Card Registered For M-Mwito Service

- a) If the subscriber loses his/her sim card line registered with M-Mwito, the subscriber must notify the Sacco immediately to block M-Mwito Service until the sim card is replaced.
- b) The subscriber shall be liable in respect of any transactions instructions affecting his/her Sacco account that is given with a valid PIN.
- c) If report of loss or theft of sim card registered for M-Mwito service is communicated by someone other than the subscriber Sacco shall not be held liable of any damages thereto.

Service Hotline The service hotline number is found on the SMS received when one is registered for M-Mwito Service. Subscribers’ should keep the Customer Care number in their mobile or frequently used telephone book.

Forgotten PIN If a PIN is forgotten, the subscriber is required to contact the Sacco to request for a new PIN.

Cancellation, stoppage of M-Mwito Service

- a) The subscriber may at any time cancel or unsubscribe for M-Mwito service.
- b) Payments made by means of M-Mwito service are irrevocable.
- c) In case of a problem the Sacco may at any time cancel and/or stop a card without notice or assigning any reason and without incurring any liability to the

subscriber until a solution is found.

Charges

The Sacco shall levy charges for the use of this service. The subscriber shall be informed of such charges by notice.

Liability of the Subscriber

Subject to above terms and conditions of use, subscribers 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 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 subscriber. The subscriber will be informed of such amendment by notice at Sacco’s branches. Any such amendments shall be deemed effective and binding upon the subscriber upon publication of the notice.

Law

These terms and conditions shall be governed and construed under the laws of the Republic of Kenya.