



SAUTI COOPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED
 P.O. BOX 300042-00100 NAIROBI|TEL:0202108693, 0206511178
 Email:sautisaccoltd@gmail.com, info@sautisacco.com |website:www.sautisacco.com |

MEMBERSHIP APPLICATION FORM

<p>Passport Photo</p>

Please complete in BLOCK letters. All sections must be completed and the following attached; one recent COLOURED passport size photograph, copies of ID and of KRA PIN.

I hereby apply for Sauti Sacco ltd membership and agree to conform to the Society's By-Laws and any amendment thereof.

1. PERSONAL INFORMATION (as per your ID/passport)

1A. MEMBER DETAILS

SURNAME		OTHER NAMES	
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ID/PP No.		KRA No.		D.O.B	
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MOBILE NUMBER		EMAIL ADDRESS	
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P.O. BOX		POSTAL CODE		COUNTY	
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1B. EMPLOYMENT PARTICULARS

EMPLOYERNAME		DESIGNATION	
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PAYROLL No.		TERM OF SERVICE	
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1C. BANK DETAILS

Account Name..... Account Number.....

Bank Name..... Branch.....

2. REMITTANCES

I hereby authorize the society to deduct monthly contributions of Kshs.....and one off membership fee of Kshs.....

INTRODUCED BY

Name..... MNo..... ID No.....



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GENERAL TERMS AND CONDITIONS.

Admission into membership:

An applicant shall be admitted to the membership but shall not qualify for the rights and privileges of membership until he/she has paid:

- An entry fee of kshs.500/=
- At least 500 shares worth Kshs.20 per share or such other minimum shares as shall be fixed by general meeting from time to time. The society shares are nonrefundable
- The minimum monthly contribution shall be Kshs 2000/= and shall be fixed by the general meeting from time to time.

Termination of membership

Membership of the society shall cease with effect from the date of member's:

- Death
- Voluntary withdrawal
- Expulsion from the society
- Being certified insane
- Transfer of shares
- Ceasing to hold qualifications of members as stated in these by-laws.

Withdrawal from the society:

A member may at any time withdraw from the society by giving a written notice of sixty (60) days. Such a member may reapply for re-admission subject to paying a registration fee of 500/=

Expulsion.

An Annual General Meeting may expel a member following a recommendation by the Board of Directors, or upon discussing the member's conduct on the floor of a General Meeting.

I confirm that I have read, understood and complied with all the membership terms and conditions as contained in the by-laws and the particulars I have given are true to the best of my belief.

SIGNATURE OF APPLICANT (within the box)

DATE

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ACTIONED BY..... SIGNATURE..... DATE.....

CHECKED BY..... SIGNATURE..... DATE.....

Date of Admission of Membership..... First deduction due

MEMBERSHIP NUMBER:.....



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NOMINATED NEXT OF KIN

I,.....ID/No.....

Mobile No.....Email address.....MNo..... the undersigned,
 in the event of my death whilst a member of the Society, hereby instruct the Society to pay all amount due to me,
 less any debts to the Society to the person(s) named in this section. The name(s) of nominee can be given in a
 sealed letter. I understand that I may alter the name(s) of the nominated Next of Kin by filling in a subsequent
 Nominated Next of Kin form.

No.	Nominated Next of Kin	Relationship	DATE OF BIRTH	PHONE NUMBER	if minor indicate birth certificate No.	Percentage assigned %

Member Signature..... Date.....

Witnessed by:

	WITNESS 1	WITNESS 2
NAME		
MEMBER NO.		
ID NO.		
SIGNATURE		
DATE		

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ACTIONED BY..... SIGNATURE..... DATE.....

CHECKED BY..... SIGNATURE.....DATE.....



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BENEVOLENT APPLICATION FORM

1. MEMBER DETAILS(as per your id/passport)

SURNAME		OTHER NAMES	
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MEMBER No.		ID/PP No.		D.O.B	
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MOBILE NUMBER		EMAIL ADDRESS	
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P.O. BOX		POSTAL CODE		COUNTY	
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2. SPOUSE DETAILS (where applicable)

SURNAME		OTHER NAMES	
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ID/PP No.		Date Of Birth	
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MOBILE NUMBER		EMAIL ADDRESS	
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P.O. BOX		POSTAL CODE		COUNTY	
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3. CHILDREN DETAILS(Where applicable)

No.	Name	Gender	Date Of birth(D.O.B)	ID/PP/Birth certificate number.	Phone Number



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GENERAL TERMS AND CONDITIONS

ELIGIBILITY

- **Principal and Spouse:** Minimum entry age is 18 years. Maximum entry age is 70 years. Maximum coverage age is 75 years.
- **Children:** Shall mean a child born to the Member or legally adopted by the member of this scheme who is Unmarried and under the age of 25years (Age Next Birthday). The insurable age shall be **3 months** old to **25years (inclusive)** subject to child being still unmarried, school going and in the custody of parent/member. A copy of ID card and proof of schooling will be required for children above 18 years before a claim is settled.
- **Only birth and legally adopted children are covered.**

EXCLUSIONS

The policy will not cover members who;

- Commit Suicide or attempted suicide within the first 6 months of joining the cover.
- Intake of illegal drugs, abuse of alcohol, willful inhalation of gas, willful exposure to radioactivity or the willful taking of poison or drugs (except as prescribed by a medical practitioner);
- Atomic energy and/or nuclear fission or reaction;
- Act committed by any life insured that is a violation of the law or any criminal activities;
- Death of a members who have attained the maximum entry age;
- Death of a members who have not been declared to CIC Life Assurance Ltd;
- Death of a members whose premium has not been paid to CIC Life;

BENEFIT STRUCTURE

MEMBER DESCRIPTION	LEVEL OF COVER
PRINCIPLE	100,000
SPOUSE	70,000
CHILDRED	50,000

Member Signature..... Date.....

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ACTIONED BY..... SIGNATURE..... DATE.....

CHECKED BY..... SIGNATURE..... DATE.....