



FARIDI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

Box 448, Box 448, - 50400 Busia

Email Address: info@faridiSacco.co.ke

Website: www.faridiSacco.co.ke

Mobile No: +254702275343 Landline: 0552322262

JOINT/GROUP/CORPORATE MEMBERSHIP APPLICATION FORM

REQUIREMENTS:

- Registration certificate & KRA PIN Certificate.
- Minutes resolving to open account with Faridi Sacco.
- Directors/Partners ID Copies and KRA PIN certificates.
- Company CR12
- Constitution/By-Laws/Article of Association/Partnership deed
- Introduction letter from relevant ministry/department.

Tick where appropriate:

NEW GROUP/CORPORATE/JOINT

RE – JOINING

TYPE: SCHOOL

CHURCH

JOINT/PARTNERSHIP

GROUP/CBO

OTHERS

FULL NAME OF THE GROUP/CORPORATE/PARTNERSHIP (BLOCK LETTERS) _____

REGISTRATION DATE:

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 REGISTERING AUTHORITY: _____

REGISTRATION NO: _____

ADDRESS: _____

MOBILE: _____ EMAIL: _____

REGISTERED OFFICE: _____

REFERRED BY: _____ ID NUMBER: _____

MEMBERS OF THE GROUP

S/n.	FULL NAMES	POSITION IN THE GROUP	IDNUMBER	Phone Number	SIGNATURE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

SIGNATORIES:

CHAIRPERSON:

NAME: _____ SIGNATURE: _____ DATE: _____

TREASURER:

NAME: _____ SIGNATURE: _____ DATE: _____

SECRETARY:

NAME: _____ SIGNATURE: _____ DATE: _____

MEMBER:

NAME: _____ SIGNATURE: _____ DATE: _____



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SUBSCRIPTION TO PRODUCTS AND SERVICES

- i. FOSA Savings Account (Mandatory Requirement)
We wish to open an account with Faridi Sacco. We undertake to comply and be bound by the terms and conditions laid down by the Sacco on its FOSA operations.
- ii. SMS Alert Services
We authorize Faridi Sacco to enroll us to SMS alert on service offered by the Sacco.

Declaration:

We accept to be bound by the terms and conditions of use (as may be amended from time to time). We agree to be liable for all charges incurred through the use of this service. We hereby indemnify Faridi Sacco against all losses that may incur as a result of our use of facility. Faridi Sacco reserves the right to decline SMS services without giving reasons to the extent permitted by the law.

TERMS AND CONDITIONS.

- i. Pay account opening fees Ksh.1000/= which shall be the minimum account balance.
- ii. Duly filled Form with all the requisite supporting documents attached.
- 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 transferred to the surviving account holder(s).
- v. Any Discrepancy in the statement of account, the account holder should write in confidence to the CEO, Faridi Sacco Society Limited, Head office within 14 days after receiving the statement.
- vi. The Sacco shall determine from time to time the interest rate payable on the account subject to prevailing rates in the market.

Membership

- i. Meet all the membership qualifications which include share capital as per Sacco By-Laws and membership policy
- ii. Accessing all legitimate information relating to the Sacco, subject to the Sacco's policies and regulations in force.
- iii. Attend and actively participate in members meetings.
- iv. Be faithful and honest in all dealings with the Society.
- v. Protect the image of the society and avoid unnecessary incitement or careless talk that can injure the reputation of the Sacco.
- vi. Pay all debt due to the Sacco without fail including due share capital per policy.
- vii. Comply with the By-laws, the Co-operative Act, the Sacco Rules, Regulations and resolutions of AGM.
- viii. Allow the Sacco to collect; process and store my personal information as per the data protection guideline.
- ix. Abide by all Sacco terms and conditions stated above as an active member of the Sacco
- x. Faridi Sacco can send me promotional messages from time to time

DECLARATION

We the undersigned request Faridi Sacco Society Limited to issue membership and open an account as detailed above and at any time subsequently open further account(s) of whatever nature as we may direct.

We confirm that all the above details are correct and that we have read and understood and agree to the terms and conditions.

1. Name: _____
ID Number: _____
Position held: _____
Signature: _____
2. Name: _____
ID Number: _____
Position held: _____
Signature: _____
3. Name: _____
ID Number: _____
Position held: _____
Signature: _____
4. Name: _____
ID Number: _____
Position held: _____
Signature: _____



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JOINT/GROUP/CBO MEMBERSHIP FUNDING

FUNDING OF MEMBERS OF THE GROUP

The group resolved via minute number _____ that the following members should be funded/loaned from the group account on this day of ____/_____/20____ with the below apportioned amounts.

Note:

- *Attach the minutes*

S/N.	FULL NAMES	POSITION IN THE GROUP	IDNUMBER	PHONE NUMBER	AMOUNT	SIGNATURE
1.						
2.						
3.						
4.						
5.						
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JOINT/GROUP/CBO MEMBERSHIP FUNDING

Chairperson

1. Name: _____
ID Number: _____
Position held: _____
Signature: _____

Secretary

2. Name: _____
ID Number: _____
Position held: _____
Signature: _____

Treasurer

3. Name: _____
ID Number: _____
Position held: _____
Signature: _____

Member

4. Name: _____
ID Number: _____
Position held: _____
Signature: _____