

POSTBANK SACCO SOCIETY LTD

P.O. Box 30313-00100, Postbank House, 13th Floor Tel 020 2803373, Mobile 0716 163 034



MEMBERSHIP/NEXT OF KIN APPLICATION FORMS

Please complete in BLOCK LETTERS. This form is complete when attached: One colored passport photo, copy of National ID/valid Kenyan Passport/Alien ID and KRA PIN.

I hereby make an application for membership and agree to Postbank Sacco Society LTD

By-Laws and any amendments thereof.

Email; sacco@postbanksacco.co.ke website: www.postbanksacco.co.ke

INSERT PHOTO

SECTION A: APPLICANTS BIO DATA

Mr. /Ms. Others (specify)	Gender Male ☐ Female ☐	Other ☐						
Name/ as per National ID:								
ID/Passport No.		Date of Birth						
		<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y			
Country of Residence	Marital Status							
County/City/State	Postal Address							
Primary Mobile	KRA PIN							
Email address	Bank Account Number							

SECTION B: OCUPATION DETAILS

Employed: ☐	Self Employed: ☐
Employer	Self-employed/Business
Employers Adress	Business type /Name
Payroll No.	Business Adress/Location

SECTION C: OTHER SOURCES OF NCOME

Pension income ☐ Rental Income ☐ Others (please specify) _____

SECTION D: REMITTANCES

Proposed monthly contributions Ksh. _____ Amount in words _____

Proposed mode of remittances: Check off ☐ direct Debit ☐ Mpesa ☐ Others (Specify) _

SECTION E: INTRODUCED BY

Specify how to came to know/learn about the Sacco

Sacco staff ☐	Name	Staff No.
Existing Member ☐	Name	Member No.
Others (Please Specify)		

SECTION F: NEXT OF KIN DETAILS

I the undersigned, upon my demise I do hereby nominate the following persons to be the beneficiaries of my savings / Shares/Dividends in the event of my untimely death. I understand that I have the option of altering the nominees when and where necessary.

Name	National ID /Passport/No /Birth Certificate	DOB	Relationship	Telephone	Percentages Allocation (must total to 100%)

Please provide a guardian if the nominees (s) are below 18 years: indicate below

Name:	National ID	Mobile
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N/B kindly attach the birth certificate /notification or copy of identification card

SECTION G: SIGNATURE AND DECLARATION

I _____ declare that all the particulars given by me are true. I confirm that I have read the terms and conditions governing the opening, operating and closure of membership related to Postbank Sacco Society Limited and agree to be bound by them. I further unequivocally consent that my personal data collected in connection with such terms and conditions, may from time to time be used and disclosed for such lawful purposes and to such persons as may be in accordance with Postbank Sacco prevailing privacy and the relevant laws as amended from time to time.

Name Signature Date

SECTION H: FOR OFFICIAL USE ONLY

The application has been approved under the following membership category

Check off Business Individual

Data captured by	Signature	Date
Checked by	Signature	Date
Approved	Signature	Date
Member Number PF:		
Members File opened by:	Signature	Date

M-SACCO REGISTRATION FORM

(Mobile Banking Solution)

***Use of M-SACCO is subject to M-SACCO 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**

Member Names _____ PF NO. _____ *

Member National ID No: _____ * (Please attach a copy of your national ID Card)

Member's Active Mobile Phone No; (for Sacco Use-Safaricom Number ONLY) _____ *

Active Email Address (For Statements & Notifications,): _____ *

Declaration by the Subscriber

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

Member Signature* _____ Date: * _____ *

FOR OFFICIAL USE ONLY

Form Serial No: _____ Date: _____ *

Verified and Captured By: [Name] _____ Pf: _____ Sign : _____ Date: _____

Approved By: [Name] _____ Pf: _____ Sign: _____ Date: _____

Chief Executive Officer

DEFINITION OF TERMS

The “Sacco” refers to the Postbank Sacco Society Ltd.

- “**M-Sacco**” refers to the Mobile banking solution service
- “**Business day**” means a day on which Postbank Sacco is normally open for ordinary business i.e. Mon-Friday 8.00am to 5.00 pm, and the first and last Saturdays of the month 8.30am to 12.30pm excluding Sundays and gazetted public holidays.
- “**Customer instructions**” means any request or instructions from the M-Sacco Customer to the Sacco.
- “**PIN**” means any confidential password, code or number, normally 4 digits which may be used to access the M-Sacco service.
- “**Transaction fees**” These are the M-Sacco transaction charges.
- “**Customer Service Number**” refers to the telephone number that will be provided for M-Sacco customers in case of any queries related to M-Sacco Service.

Introduction

The M-sacco system is a mobile Banking facility which will facilitate receiving and making payments via the mobile phone. The following terms and conditions will be applicable.

General Terms and Conditions of use

1. Use of Personal Identification Number (PIN)

- a) M-Sacco 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-Sacco 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.

2. Lost/Stolen SIM Card Registered For M-Sacco Service

- a) If the subscriber loses his/her SIM card line registered with M-Sacco, the subscriber must notify the Sacco immediately via e-mail to block M-Sacco Service until the SIM card is replaced.
- b) The subscriber shall be liable in respect of any transactions 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-Sacco service is communicated by someone other than the subscriber Sacco shall not be held liable of any damages thereto.

3. Forgotten PIN If a PIN is forgotten the subscriber is required to contact the Sacco to request for generation of a new pin.

4. Customer Service Number

The service number is found on the SMS received when one is registered for M-Sacco Service. Service will be available on a normal business day as defined under „Definition of Terms“.

5. Cancellation, stoppage of M-Sacco Service

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

6. Charges

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

7. Liability Of The Subscriber

Subject to above terms and conditions of use, subscribers shall be fully liable in respect of each transaction instruction.

8. 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.

9. Amendment

These terms and conditions may be amended at any time by notice from the Sacco to the subscriber. Any such amendments shall be deemed to be effective and binding upon the subscriber upon publication of the notice.

10. Law

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