

**SB1: MEMBERSHIP & ACCOUNT APPLICATION FORM.**

**FOR OFFICIAL USE ONLY.**

BRANCH:										DATE:									
CUSTOMER ID:					ACCOUNT NO:					MEMBER NO.									
A/C TYPE:		<input type="checkbox"/> FOSA	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> KILIMO	<input type="checkbox"/> JIPE PIKII	<input type="checkbox"/> OTHERS .....													

**SECTION 1: DETAILS OF FIRST APPLICANT.**

Mr./Ms./Miss./Dr./Hon./Prof./Other(Specify)						Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>					
First Name:				Middle name:				Other name:			
Id/Passport no:				Nationality:				D.O.B			
Physical/Current Residence:				County of Residence:				Postal address/Code			
Mobile no.				Other no.				Email address:			
KRA Pin no.											

**SECTION 2: EMPLOYMENT DETAILS (for employed applicants only).**

Employer:				Employers Address:			
Designation:				Terms of service:		Approximate Gross monthly income:	
Workstation name:							
Payroll no:				County of Work:			

**SECTION 3: BUSINESS /KILIMO DETAILS (for business/kilimo applicants only).**

Business Name:				Business Address:			
Type of Business:				Approximate monthly income:			
Business Location:							
<b>other sources of income</b>							
Pension Income: <input type="checkbox"/>				Others (Specify):			

**SECTION 4: REMITTANCES.**

Proposed Monthly Contribution:				In words:			
Proposed mode of remittance:							
Check-Off <input type="checkbox"/> Standing Order <input type="checkbox"/> Cash <input type="checkbox"/> Mpesa <input type="checkbox"/> Others (specify) <input type="checkbox"/> .....							
Effective date (dd/mm/yy)							

**SECTION 5: BENEFICIARY DETAILS**

NAME	ID NO.	RELATIONSHIP	PHONE NO.

**SECTION 6: REFEREE MEMBER DETAILS( to be filled ONLY by the member)**

I _____ Member no. _____ was introduced by	
Mr./Ms./Miss./Dr./Hon./Prof./Other (Specify) _____	
MEMBER NO _____ who is my _____ to join the membership of Winas DT. Sacco LTD.	

<b>SECTION 7: MOBILE BANKING - M-WINAS CHAPAA (*582#)</b>		
Register for M-WINAS CHAPAA (*582#)		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Primary Mobile number (Safaricom):		
<b>SECTION 8: DEBIT CARD SERVICES.</b>		
Apply For SACCO LINK ATM CARD SERVICE?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Note: Issued to Joint Accounts ONLY IF “Either To Sign”.</b>		
MAKER Name:	Signature:	Member Name: Signature:
CHECKER Name:	Signature:	
<b>SECTION 9: JOINT ACCOUNT HOLDERS (where applicable.)</b>		
<b>SECOND APPLICANT DETAILS.</b>		
Mr./Ms./Miss./Dr./Hon./Prof./Other(Specify)		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
First Name:	Middle name:	Other name:
Id/Passport no: 	Nationality:	D.O.B 
Physical/Current Residence:	County of Residence:	Postal address/Code
Mobile no.	Other no.	Email address:
KRA Pin no.	Occupation details(specify):	
<b>THIRD APPLICANT DETAILS.</b>		
Mr./Ms./Miss./Dr./Hon./Prof./Other(Specify)		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
First Name:	Middle name:	Other name:
Id/Passport no: 	Nationality:	D.O.B 
Physical/Current Residence:	County of Residence:	Postal address/Code
Mobile no.	Other no.	Email address:
KRA Pin no.	Occupation details(specify):	
<b>ACCOUNT MANDATE</b>		
EITHER TO SIGN <input type="checkbox"/> ALL TO SIGN <input type="checkbox"/> OTHER (specify) .....		
<b>SECTION 10: OTHER SAVINGS ACCOUNTS:</b>		
Name of Child/Person:		D.O.B:
Proposed contribution: Kshs.	In words Kshs:	
Mode of remittance: Standing Order <input type="checkbox"/> Cash <input type="checkbox"/> Mpesa <input type="checkbox"/> Others (specify).....		
<b>Effective from:</b>		
Name of Applicant:	Sign:	Date:

## Terms & Conditions of Accounts

For the purpose of these terms and Conditions FOSA shall refer to Winas DT Sacco Ltd its successors in title and assigns:

1. Any Person(s) opening an account with the FOSA (whether resident or nonresident) will be deemed to have read and understood these terms and conditions and the applicable Schedule of Bank Charges issued and amended.
2. No account shall be opened by the FOSA unless the account opening form is fully completed and the requisite supporting documents attached and attested by the required authorities (if any).
3. Upon submission of duly completed account opening forms the FOSA will generate an Account Number for the customer in accordance with the FOSA policies and procedures on account Opening.
4. The FOSA has a statutory responsibility to apply any applicable tax on all charges on customers' accounts.
5. Only valid and acceptable means of Identification (International Passport, Kenyan National Identity Card) will be required before the Bank opens any account.
6. Each account shall possess a distinctive number, which shall be quoted in all correspondence with the FOSA relating to the account.
7. Any change in the name, address, registration certificate (business names) and certificate of incorporation (companies) should be immediately communicated in writing to the FOSA.
8. The post office/courier firms and other agents of mail delivery shall be considered agents of the account holders for delivery of statements, letters and related other related communication, no responsibility shall be accepted by the FOSA for access by third parties, loss, delay or non delivery of such items including cheque books sent by post/courier at the request of the account holder.
9. The FOSA is authorized to effect such orders in respect of the accounts as may be required by any court order or competent authority or agency under the applicable laws of the land.
10. Interest on fixed deposits is paid at periodic interval, as determined by the Bank and/ or upon respective maturity dates of such deposits at such rate as may be determined by the FOSA from time to time.
11. Uncleared instruments though credited in the account shall not be drawn against unless in the complete discretion of the FOSA and at such drawings will attract uncleared effects charges as may be set from time to time. Even if such instruments are credited to customers account and/or allowed to be drawn against, the FOSA shall have at all times the right to debit the account holders account, if the instruments are not realized without prior notice to account holder/depositor.
12. In case a deposit matures on a public or FOSA holiday, then the FOSA shall pay the deposit on the next working day when the FOSA is open for ordinary banking business.
13. Cheques may only be drawn on printed cheques supplied by the FOSA. The FOSA reserves at all times the right to refuse payment of cheques drawn otherwise.
14. Cheques should be signed by the account signatory (ies) as per specimen signature and mandate, supplied to the FOSA and any alteration(s) thereon must be authenticated by the drawer(s) full signature.
15. Post dated, stale and defective cheques shall not be paid by the FOSA.
16. Upon the FOSA receiving notice of the demise of an individual customer, the FOSA will not be obliged to allow any operation or withdrawal from the account by any person except on production of a death certificate and a court order from a court of competent jurisdiction or any other relevant document recognized by law for succession purposes.
17. In cases of a joint account and one of the account holders dies then the money in the account and any other benefit, interest or obligation relating to that account will revert to the serving joint holder(s)
18. The FOSA will take due care to see that the credit and debit entries are correctly recorded in the accounts of the account holder/depositor. Any discrepancy in the statement of account should be promptly brought to the notice of the FOSA in writing within fourteen days of dispatch of statements; failure to which the statement of account shall be deemed to be final and conclusive, for all purposes whatsoever. In the case of any error, the FOSA reserves the right, at all times to make adjusting entries to rectify the error without notice, and recover any amount wrongly paid or credited to any person together with any accrued interest or profit. However, the FOSA shall not be liable for any loss or damage due to such error or any consequential loss arising there from to any party.
19. No account holder/depositor may annotate or delete any entries in the statement of account. Any discrepancy found, should at once be brought into notice of the FOSA. If the statement of account is lost or spoilt, a duplicate statement of account may be provided by the FOSA, subject to such charge as is, applicable under its Schedule of Charges.
20. Minimum balance requirement (if any) will be notified by the FOSA from time to time. Any failure or omission to maintain such deposit or balance criteria may result in the levy of penalty as deemed fit by the FOSA.
21. The FOSA reserves to itself the right to close with or without prior notice, any account which in its opinion is not satisfactorily operated upon, or for any reason whatsoever on the sole discretion of the FOSA.
22. The FOSA solely reserves the right to terminate any type of relationship with the account holder/depositor without assigning any reason.
23. Account holder/depositor wishing to close the account must, surrender any unused cheques, ATM Cards any other documents, instruments issued by the FOSA to the account holder. The Account Holder will also be liable for account closing charges as in force, at the Bank before he can be paid the last remaining credit balance, if any.
24. The FOSA shall have discharged its liability with respect to an account so closed by processing a transfer on instruction from the customer, in the currency of such account, payable to the account holder/depositor in the amount of the credit balance of such account less deduction(s) in respect of the amount of any claim that the FOSA may have on such funds constituting the credit balance.
25. The FOSA shall determine from time to time the rate of interest payable on the account having regard to the prevailing market interest rate and the account holder/depositor hereby agrees to accept such rate of interests.
26. The FOSA may from time to time and at anytime revise, amend, delete or supplement any of these terms and conditions whether in whole or part including without limitations the charges leviable in respect to its services. Such charges shall be effective from the date specified by the FOSA for such modification. These amendments/ alterations shall be notified to the account holder/depositor and /or displayed at the FOSA premises/website from time to time and, shall be binding on the account holder/depositor. The FOSA reserves the right at any time and without notice to impose charges for the use of its services at any time
27. **Must pay the prescribed entrance fee, contribute towards the society core capital, remit on a monthly basis towards riskfund and deposits account as stipulated in the Society bylaw**
28. **Where applicable, attach a copy of the current payslip or produce an introductory letter if engaged by a private institution.**

## M-WINAS CHAPAA MOBILE BANKING SERVICE TERMS & CONDITIONS

1. These Terms and Conditions govern your use of the WINAS M-banking service. These Terms and Conditions should be read in conjunction with the Society's existing Terms and Conditions for Fosa Accounts as issued by the Society from time to time. To the extent of any inconsistency between these Terms and Conditions and the Terms and Conditions for M-WINAS Services and Fosa Accounts, the M-WINAS Services Terms and Conditions shall prevail.
2. To register for the WINAS M-banking service you must be a WINAS account holder with WINAS DT. Sacco Limited.
3. To carry out an M- Pesa transaction on the WINAS M-banking Service menu you must be a registered M-Pesa user with Safaricom Ltd.
4. The Sacco may change these Terms and Conditions from time to time and shall provide you with reasonable notice of such change.
5. You accept these Terms and Conditions when you first register for the WINAS M-banking.
6. WINAS M-banking/Sacco link Atm Service alerts will be available between the hours of 8am and 9pm (East and Central Standard Time) 7 days a week. WINAS requests will be available 24 hours a day, 7 days a week. The Sacco cannot guarantee the timely delivery of messages.
7. WINAS M-banking Service will only be available to the mobile phone number nominated / registered by you.
8. WINAS M-banking Service messages will notify you as to the status of your account at a given point in time. A WINAS message may not take account as to amounts deposited (or withdrawn) but not credited (or debited) to your accounts.

9. If you change your mobile phone number you must deregister from WINAS M-banking Service and then re-register using your new mobile phone number.
10. If your mobile phone is lost or stolen, we recommend that you deregister from the M-WINAS service.
11. Members can register or deregister for the WINAS M- Banking Service by contacting the Sacco Office.
12. M-WINAS may from time to time be unavailable due to systems maintenance or circumstances beyond our control such as mobile carrier outages.
13. The Society will not be liable:
  - For any loss (including consequential loss) in connection with WINAS M- Banking Service not being available.
  - For any loss caused by any function of WINAS M-banking service malfunctioning if you were aware, or in the opinion of the Society should have been aware, that function of WINAS M- Banking Service was unavailable for use or was malfunctioning.
  - For any errors or damage caused to your mobile phone as a result of using WINAS M- Banking Service.
  - To any person for any loss (including consequential loss) that person suffers as a result of relying on information obtained via WINAS M- Banking Service.
  - For any loss (including consequential loss) that person suffers as a result of relying on Information obtained via WINAS M-banking service.
  - A fee will be charged for services on WINAS M- Banking Service as advised by your Sacco.
14. The WINAS M-Banking Service registered user will be issued with a PIN.  
The WINAS M-Banking Service registered user shall exercise due care and attention to ensure safety and secrecy of the PIN at all times and to prevent the loss of PIN by any third party.
15. The Sacco is authorized to debit the WINAS M- Banking Service registered User's account with all amounts transacted by means of the WINAS M- Banking Service using the PIN.
16. The WINAS M-Banking Service registered User must:
  - Not put the Mobile Device and PIN together.
  - Change the PIN immediately on suspicion the PIN is compromised.
  - Not keep any record of it, in written or electronic form nor write it down
  - Not disclose it to, or allow it to become known to, any person, including family members or those in apparent authority, including Sacco staff
  - Not negligently or recklessly disclose it by, for example, failing to take reasonable care when keying it in to prevent others from identifying it
  - Not leave your Mobile Device unattended and left logged into M-Banking
  - Lock your Mobile Device or take other steps necessary to stop unauthorized use of Mobile Phone Banking
  - Notify Sacco immediately if your Mobile Device is lost or stolen, or if you change your Mobile Device or Mobile Device phone number.
  - Not select a PIN that easily identifiable or guessed or based on easily accessible personal data (such as sequential numbers, birth months,

## SECTION 11: CUSTOMER(S) DECLARATION.

TO WINAS DT. SACCO LIMITED, I/We confirm that the information I/We have provided herein and the disclosures made are true. For **M-WINAS CHAPAA** and Sacco Link **ATM** card services I/We agree that I/We are liable for all charges incurred through the use of these facilities. I/We hereby indemnify the Sacco and Bank against all losses that they may incur as a result of my/our use of the facilities. I/We understand that the Sacco and Bank reserves the right to decline these applications without giving reasons. I/We COMMIT TO BE REMMITTING consistently the amount indicated in SECTION 4 above. I/We have read and understood the terms and conditions of the Sacco and undertake to comply, observe and be bound by the same.

Name in Full (BLOCK LETTERS) of authorized Signatories	National ID/Passport No.	SPECIMEN SIGNATURE		DATE
		First	Second	
<i>1<sup>st</sup> applicant</i>				<i>Dd/mm/yyyy</i>
<i>2<sup>nd</sup> applicant</i>				<i>Dd/mm/yyyy</i>
<i>3<sup>rd</sup> applicant</i>				<i>Dd/mm/yyyy</i>

## SECTION 12: OFFICIAL USE ONLY: KYC Checklist Confirmation and Verification: Tick Appropriately

Original ID/ Passport (Valid identification documents) Seen	Yes	No	Mobile banking Subscribed		Yes	No
ID/Passport copies obtained	Yes	No	Sacco Link ATM Registered		Yes	No
Application details completed	Yes	No	Cheque book ordered		Yes	No
Photograph and signature obtained/captured	Yes	No	All customer contact info. obtained		Yes	No
Terms and Conditions Signed	Yes	No	Mandated Signature obtained		Yes	No
P.E.P Related	Yes	No	Tax Exempt		Yes	No
Sacco Director Related	Yes	No	Aml Risk Category	High	Med	Low

## SECTION 13: AUTHORITIES AND APPROVALS

OFFICER NAME	SIGN	DATE
Completed/KYC DONE BY:		DD / MM / YYYY
CREATED BY:		DD / MM / YYYY
APPROVED BY (Supervisor/Branch Manager):		DD / MM / YYYY
DATA CAPTURED BY:		DD / MM / YYYY
AUTHORISED BY (C.E.O):		DD / MM / YYYY
REGISTRY OFFICER:		DD / MM / YYYY