

CS/1926 USHURU SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED.

P.O BOX 52072,

NAIROBI

TEL 719660

APPLICATION FOR MEMBERSHIP AND ADMISSION (BY-LAW NO. 8 AND 9)

CONFIDENTIAL

I wish to apply for membership in Ushuru Savings and Credit Co-operative Society Limited and further pledge to abide by the By-Laws/or any amendment/s thereof of the said Society.

Personal Information.

NAME _____

DATE OF BIRTH _____ **PERSONAL NO.** _____

I/D NO. _____ **TEL. NO/MOBILE NO** _____

DESIGNATION _____ **EMAIL** _____

EMPLOYER AND ADDRESS _____

HOME ADDRESS _____

APPLICANTS SIGNATURE _____ DATE _____

NAME OF WITNESS _____ SIGNATURE _____

THIS MEMBER HAS BEEN RECRUITED BY:

MR/MRS/MISS _____

PERSONAL NO _____

FOR OFFICIAL USE:

- (l) The Branch recommends/do not recommend membership

SECRETARY

- (i) The application for membership is approved/not approved by the central management committee

Date _____

SECRETARY

HQ/REGISTRY: MEMBERSHIP Fee paid vide receipt no.....of.....

Membership No. is.....



USHURU CO-OPERATIVE SAVING'S & CREDIT SOCIETY LIMITED

NEXT OF KIN FORM

Member's Name.....Personal No.....

Membership No.....Date Of Birth

Employer & Address.....Designation.....

County..... Home District.....

Division:..... Location:.....

Sub - Location.....

Nominee(s) / Next of KIN

No	Full Names	Relationship to Member	Percentage of allocation	ID	Postal/ Fmail/ Telephone address

MEMBER'S SIGNATURE.....Date.....

Witnessed by:

No	Full Names	PF NO/ID NO	Signature	Date
1				
2				

This nomination cancels any other nomination given by me previously

FOR OFFICIAL USE ONLY

Form received by:.....Designation

Is this form correctly filled Signature.....

Date.....



USHURU SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

CHECK-OFF FORM

Date.....

The National Hon. Secretary,
Ushuru Savings & Credit Co-operative Society Ltd.
P.O Box 52072-0200,
NAIROBI

1. I, the under mentioned, do hereby request you to pay a total sum of Kshs.....
..... (In words) (Kshs.....) to

Ushuru Sacco Ltd, for Credit to my account as follows:-

- 1) Shares Kshs..... 5) School Fees Loan Ksh.
- 2) Main Loan Kshs..... 6) Risk Management Fund Ksh
- 3) Refinancing loan Kshs..... 7) Investment Savings Account Ksh
- 4) Emergency loan Kshs..... 8) Entrance Fee Ksh

Employer Mobile Tel. no.....

Commencing from.....day of.....201.....

- 2. The acknowledgement of the said society will be your full and efficient discharge.
- 3. This authority **cancels** any other authority given by me prior to this date in respect of the above society.

Name.....Signature.....

Personal File No.....Branch.....

Designation.....Station.....

Account Membership No.....

Dated this.....day of.....201.....



USHURU SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED
M-SACCO MOBILE BANKING APPLICATION FORM.

DATE.....

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

Full Name..... Applicants ID NO.....

Employment NumberMembership Number.....

Mobile Phone no(s)..... (Safaricom Number ONLY)

Email Address

I want to use M-SACCO on the following menu accounts:

- | | |
|--|---|
| <input type="checkbox"/> Investment Withdrawal | <input type="checkbox"/> Loan Payment (Maximum Kshs 70,000) |
| <input type="checkbox"/> Sacco balance Enquiry | <u>Information</u> |
| <input type="checkbox"/> M-Sacco balance Enquiry | <input type="checkbox"/> Guarantors |
| <input type="checkbox"/> Sacco Payments | <input type="checkbox"/> Next of Kin |

Please attach a copy of your national identification card. You MUST be registered with M-PESA to use the M-SACCO Service.

(*346#) is charged Kshs 5 and each SMS's shall be charged a flat rate of Kshs 10 from M- Sacco Deposits Account. This amount shall be deducted from your account each time an SMS is sent.

Declaration by the Applicant:

I hereby apply for M-Sacco solution. I warrant you that the information given above is true and complete and I authorize you to make any inquiries necessary in connection with this application. I accept and agree to be bound by the conditions of use. I agree that I am liable for charges incurred through the use of this Facility. I hereby indemnify the Sacco against all losses that they may incur as a result of my use of the facility. I understand that the Sacco reserves the right to decline the application without giving reasons.

Applicants ID NO..... Signature:.....

FOR OFFICIAL USE ONLY

Verified By:_____ Date Verified:_____

Approved By:_____ Date Approved:_____