Imarika
SACCO

SAVINGS ACCOUNT OPENING FORM

I/WE wish to submit my/our application to open an account in the SASA accounts section as follows: (Please tick/select appropriately)

☐ Single ☐ Joint *(If Joint, indicate number of partners)* ☐

☐ ORDINARY SAVINGS ACCOUNT ☐ MEDICAL EXPENSES ACCOUNT

☐ SCHOOL FEES ACCOUNT ☐ HOLIDAY ACCOUNT

☐ CHILDREN SAVINGS ACCOUNT ☐ EKEZA SAVINGS ACCOUNT

☐ JIPANGE SAVINGS ACCOUNT ☐ OTHER _____

Conditions

1. Attach a copy of your **ID with both sides.**

PERSONAL INFORMATION OF APPLICANT

Full Account Title _____

Name _____ ID Card Number _____

Nationality _____ Gender _____ Date of birth ____/____/____

Marital Status _____ District _____ Division _____

Location _____ Sub-Location _____

EMPLOYMENT DETAILS *(To be completed by all employed applicants only)*

Occupation _____ Service Terms _____

Name of Employer _____ Employer Address _____

Date of Employment ____/____/____ Employer No _____ Designation _____

Working Station & Address _____

ADDRESS INFORMATION

PRESENT	**HOME**
C/O _____	C/O _____
P.O. box _____ Code _____	P.O. box _____ Code _____
Town _____	Town _____
Mobile No _____	Telephone _____
E-mail _____	E-mail _____

REFEREE *(Must be an active member of the Sacco for not less than 3 Months)*

Name _____ ID Card No. _____ Member No._____

Account No. _____ Address _____

Signature _____ Date _____

FOR JOINT ACCOUNTS ONLY

DETAILS OF PARTNER 2 *(Attach copy of ID with both sides)*

Name _____ ID Card Number_____

Nationality _____ Gender _____ Date of Birth __ __/__ __/ _____

Marital Status _____ District _____ Division _____

Location: _____ Sub-location: _____

Work Place:_____

Current Address: _____ Telephone: _____

Permanent/Home Address: _____ Mobile: _____

District: _____ Location: _____ Sub-location: _____

DETAILS OF PARTNER 3 *(Attach copy of ID with both sides)*

Name _____ ID Card Number_____

Nationality _____ Gender _____ Date of Birth __ __/__ __/ _____

Marital Status _____ District _____ Division _____

Location: _____ Sub-location: _____

Work Place:_____

Current Address: _____ Telephone: _____

Permanent/Home Address: _____ Mobile: _____

District: _____ Location: _____ Sub-location: _____

SIGNING INSTRUCTIONS_____

INSTRUCTIONS IN CASE OF THE DEMISE OF ONE PARTNER:_____

NB: For Single Account Holders, this application should be accompanied with the next of kin form enclosed in a **SEALED** envelope marked **"PRIVATE AND CONFIDENTIAL"**

DECLARATION

I /We undertake to abide by the existing Society's by laws, policies and rules and or as may be formulated in the course of time**. I/We** agree that this account will be operated solely at the discretion of the **SACCO** and hereby indemnify the **SACCO** at **my/our** cost against any loss incurred or claims out of the account being closed without notice because of unsatisfactory performance

Names in FULL (BLOCK LETTERS) of Authorised Signatories	**National ID/Passport No.**	**Specimen Signature**	**Date**
1st Partner			
2nd Partner			
3rd Partner			

RULES & REGULATIONS

ORDINARY SAVINGS ACCOUNT

Every member upon joining the SACCO must operate an ordinary savings account. This account is necessary in that all payments the SACCO will make to the member in form of loans, dividends and/ or refunds will be done through this account.

The features of this savings account are as follows:

a. Minimum opening balance of Kshs. 1,000
b. Withdrawal charges Kshs. 100
c. Frequent withdrawal charges Kshs. 70 for transactions done within one (1) week
d. Unnotified withdrawal charges Kshs. 100 for transactions over Kshs. 50,000
e. Free balance inquiry
f. Can be Linked to ATM
g. Can be linked to Mobile banking
h. Statement requisition Kshs. 30
i. Minimum interest earning balance Kshs. 2,000
j. Rate of interest is 5% p.a. or as may be determined by Board

SCHOOL FEES SAVINGS ACCOUNT

a. Open to all members
b. Minimum deposit Kshs. 1,000
c. A/c to have regular deposits
d. minimum interest earning balance kshs. 2,000
e. Rate of interest is 5% p.a. or as may be determined by Board
f. On request by the member, the SACCO can pay fees directly to the school.
g. Withdrawal charges of Kshs. 100
h. Free statement of a/c every quarter.

HOLIDAY SAVINGS ACCOUNT

a. Open to all members
b. Minimum deposit Kshs. 1,000
c. A/c to have regular deposits
d. minimum interest earning balance Kshs. 2,000
e. Rate of interest is 5% p.a. or as may be determined by Board
f. Withdrawal charges are Kshs. 100
g. Free statement of account every quarter.
h. Meant for withdrawal in December holidays

MEDICAL SAVINGS ACCOUNT

a. Minimum opening balance Kshs. 1,000
b. Regular deposits
c. No restrictions on withdrawals
d. Withdrawal charges of Kshs. 100
e. Minimum interest earning balance Kshs. 2,000
f. Rate of interest is 5% p.a. or as may be determined by Board
g. Free statement of account every quarter.

CHILDRENS SAVINGS ACCOUNT

a. Minimum opening balance Kshs. 1,000
b. Regular deposits.
c. Account to be opened in the name of the child as well as the parent/guardian.
d. Photograph of the child to be attached.
e. Cash withdrawals be once a year
f. Minimum interest earning balance Kshs. 2,000
g. Rate of interest be at 5% p.a. or as may be determined by Board

EKEZA SAVINGS ACCOUNT

This account is for individuals or businesses.

a. No minimum balance
b. Earn interest at Kshs. 5,000
c. The best interest rates
d. Makes one eligible for Mavuno Tele Loan depending on one's average savings over six months.

JIPANGE SAVINGS ACCOUNT

a. Open to all SACCO members
b. Minimum monthly contribution of Kshs. 200
c. Accumulated savings can be accessed after 36 months (in full) or may be re-invested for a similar period
d. Rate of interest is 10% pa calculated annually but paid on expiry of the term
e. Deposits should be regular and consistent
f. All withdrawals made before the specified term not to earn interest
g. Dormant accounts **not** to earn interest.

FOR OFFICIAL USE ONLY

Registration by _____ Signature _____ Date __ __/__ __/_____

Checked By: _____ Sign: _____ Date: __ __/__ __/ _____

Date of admission:__ __/__ __/ _____ SASA Sub-Committee Minute No _____

Membership Number _____Account No._____

AUTHORITY FOR MONTHLY DEDUCTIONS (STANDING INSTRUCTIONS)

I/Mr./Mrs/ _____

Account Number _____ ID No. _____

do hereby authorize Imarika Sacco Ltd to deduct the sum of Kshs. _____

(In words, Kshs._____)

as premium savings and the sum of Kshs. _____

(In words, Kshs. _____) as security

From my salary/savings account every month **w.e.f.** _____

And pay the amount so deducted to my premium savings account.

Note that also the society shall be granting short-term loans from time to time and where such is the case the subsequent loan recovery instalment and any interest thereof shall be recovered through orders deductions from savings account on monthly basis on top of the above specified sum and on the advice of the society's Board. These instructions remain standing unless by me in writing and in full knowledge of the SACCO.

ID NO: _____

SIGN: _____ **DATE:** _____

Imarika
SACCO

NOMINEE CARD

Pursuant to **BYLAW** no.18 of the registered by-laws of **IMARIKA SACCO SOCIETY LTD**,

I_____

Member no._____ **A/C holder no.**_____

Hereby nominate the following person **(s)** to receive the monies standing to the credit of my shares, deposits and interests accounts upon my death less any indebtness owed by me to the society in the proportion shown against each.

	NAME	ID NO.	RELATIONSHIP	PERCENTAGE
1.				
2.				
3.				
4.				
5.				
6.				

Signed _____Date _____ Day Of: _____

Witness

1. Name_____

Address _____

Signature _____ Date _____

2. Name_____

Address _____

Signature _____ Date _____