

Balozi Co-operative Savings and Credit Society Ltd



Golf View Suites, 3rd Floor, Wambui road - Muthaiga off Kiambu/Thika road

P.O. Box 11539 – 00400, Nairobi, Kenya.

Tel: 020-2211600 Cell: 0720-833326/0733-967707

Email: info@balozisacco.com Website: www.balozisacco.com

MEMBERSHIP APPLICATION FORM

*** Applicants must read the following requirements and instructions before completing this membership application form.**

Please note that this application form contains the initial desire of the member to be bound contractually with the Society by the way of account opening.

1. Application must be made in Balozi Sacco membership application form. Incomplete forms will be returned unconsidered.
2. The applicant must fill the membership application form in full including bank account details – this will help us maintain your account for future payments such as dividends.
3. The benevolent fund must be attached to this application for declaring dependents – the information will help us maintain your records in case of payment of benevolent claims (insurance). Consent to add the beneficiaries must be given prior to addition.
4. The next of kin form must be attached to this application for declaring nominee – the form must be witnessed by two existing members of Balozi Sacco. The information will be used as a Will in case of demise of a member. Consent to add the nominees must be given prior to addition.
5. The applicant is required to attach a copy of his/her national ID card / Passport, coloured pass-port size photo, a pay slip and allotment form (for checkoff members), copy of birth certificate for applicant's children and self if joining through a parent's recommendation. Details of recruiting member (page 2) - For a member's child joining membership, the recruiter must be the principal member.
6. An entrance fee must be paid for new or rejoining members prior to registration and the deposit slip attached for reference. Payment instructions will be provided by the office.
7. The Society may share your contact and account information with the following parties
 - a. ICT System vendors – for processing of your Sacco data to enable account opening, receipting of Sacco contributions, disbursement of payments, SMS/email communications
 - b. Loan guarantors, credit reference bureau (CRB) and debt collectors – in case of future loan defaults
8. The Sacco may from time to time take members photos such as during education forums, general meetings, Ushirika day, sacco drives. These photos may be posted on our website, social media platforms and newsletters to create awareness to other members.

Kindly note that by submitting this application form for processing, it shall be considered that you consent to the above terms and conditions for membership.

Name _____ ID/PP No _____

Signature _____ Date _____

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MEMBERSHIP APPLICATION FORM

COMPLETE THIS FORM IN CAPITAL LETTERS

The Hon. Secretary

P.O. Box 11539 - 00400

Nairobi

I hereby make an application for membership and agree to conform and abide by the scheme's policies and amendments thereof:-

FULL NAME: PROF/DR/MR/MRS/MISS _____

DATE OF BIRTH _____ / _____ / _____ OCCUPATION _____

ID NO. _____ PAYROLL NO. _____

DEPARTMENT _____ TERMS OF SERVICE _____

EMPLOYER _____ DATE EMPLOYED _____ / _____ / _____

STATION (TOWN NAME) _____ EMPLOYER TELEPHONE _____

EMPLOYER ADDRESS _____

MOBILE NO. _____ 2ND MOBILE NO. _____

EMAIL ADDRESS _____ 2ND EMAIL ADDRESS _____

HOME ADDRESS _____

BANK NAME _____ BRANCH _____

BANK ACCOUNT NO. _____

CONTRIBUTION STARTING DATE (DAY/MONTH/YEAR) _____ / _____ / _____

DEPOSITS CONTRIBUTION KSHS. _____ PER PP/MONTH

RECRUITED BY: MEMBER NAME _____ MNO _____

Note: The Board reserves the right to accept or decline your application and may conduct a background check for this application.

APPLICANT'S
SIGNATURE
(within the box)

DATE _____

FOR OFFICIAL USE ONLY

MEMBERSHIP NO _____ MEMBERSHIP FEE KSHS. _____

DATE OF ADMISSION _____ RECEIPT NO. _____

REGISTERED BY _____ SIGNATURE _____ DATE _____

AUTHORIZED BY _____ SIGNATURE _____ DATE _____

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BENEVOLENT FUND APPLICATION FORM

COMPLETE THIS FORM IN CAPITAL LETTERS

The Hon. Secretary
P.O. Box 11539-00400

Nairobi

I hereby apply for membership to Balozi Benevolent Fund Scheme and agree to abide by the scheme's policies and amendments thereof:-

FULL NAME: PROF/DR/MR/MRS/MISS _____
DATE OF BIRTH ____ / ____ / ____ ID NO _____ MEMBERSHIP NO. _____
HOME ADDRESS _____ MOBILE NO. _____
EMPLOYER _____ PAYROLL NO. _____
SCHEME CONTRIBUTION STARTING DATE ____ / ____ / ____ KSHS. 300/- OR 150/- PER
PP/MONTH

NOMINATIONS FOR BENEVOLENT FUND CLAIM

1. NAMES OF SPOUSE(S) MOBILE NO. DATE OF BIRTH ID NO
(A) _____
(B) _____

2. NAMES OF CHILD(REN) MOBILE NO. DATE OF BIRTH ID NO
(A) _____
(B) _____
(C) _____
(D) _____
(E) _____

3. NAMES OF BIOLOGICAL PARENT(S) MOBILE NO. DATE OF BIRTH ID NO
(A) _____
(B) _____

NOTE:

- i. You may fill more than one form in case the spaces provided above are not enough.
- ii. Attach copies of birth certificates for children and copies of national IDs for all spouses and parents.

4. DETAILS OF CLAIMANT (NOT PRINCIPAL MEMBER/CONTRIBUTOR)

In the event that the claim for benevolent fund is for myself, payment to be made to

NAME _____ ID/NO _____
RELATIONSHIP _____ MOBILE NO. _____

The SACCO accepts claims for a maximum of one spouse, four children and two parents.

APPLICANT'S SIGNATURE _____ DATE _____

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NEXT OF KIN APPLICATION FORM

COMPLETE THIS FORM IN CAPITAL LETTERS

AS PER BY LAW 13

I _____ of ID/Passport No _____

Membership No. _____ P.O. Box _____

The undersigned, in the event of my death whilst a member of the Society, hereby instruct the Society to pay all amounts due to me, less any debts (defaulted loan) to the Society, to the person named in the section below.

I understand that I may alter the name(s) of the nominated next of kin(s) by filling another next of kin form.

	NAMES OF NOMINATED NEXT OF KIN(S)	RELATIONSHIP	IDENTITY NUMBER	MOBILE NUMBER	RATIO
1.					
2.					
3.					
4.					
5.					
6.					
7.					

APPLICANT'S SIGNATURE: _____ DATE: _____

WITNESSES

1. NAME: _____ MNO: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

2. NAME: _____ MNO: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

Note: This form should be delivered in a sealed envelope. Membership number and name of the applicant should be written on the envelope.

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INDEMNITY FORM

Whereas I _____ (the “Member”) has been granted and/or continues to enjoy from time-to-time SACCO services with Balozi SACCO Limited (the “SACCO”).

Whereas the Member has requested the SACCO to send information and/or documentation relating to the Services and the Member wishes to send the SACCO information, documentation and/or instructions relating to the Services through electronic media and telephone communication at the following addresses:

By Email: [_____] and [_____]
By Telephone [_____] and [_____]

Whereas the SACCO has agreed to comply with the request, the Member hereby acknowledges that:

- (i) Communications sent by use of electronic mail or telephone communication format are not secure and communications sent by use of e-mail and their attachments (if any) which may contain PRIVILEGED and CONFIDENTIAL INFORMATION intended solely for the use of the Member or the SACCO may erroneously be received by a non-intended recipient;
- (ii) The SACCO shall not be responsible for verifying the identity of the recipient or sender of any e-mail and shall not be responsible if any communications sent by e-mail and telephone intended for the Member are received by a non-intended recipient or if any instructions sent by e-mail and telephone intended for the SACCO are sent by a non-intended sender other than the Member;
- (iii) The SACCO shall not be responsible for ensuring the delivery of any email communications to the Member or the receipt of any email communications from the Member and the Member hereby acknowledges that any review, dissemination, distribution, printing, or copying of any communication by any other party is outside the control of the SACCO;
- (iv) Communications between the Member and the SACCO are monitored from time to time for quality assurance and the SACCO may record telephone conversations between the SACCO and the Member for record purposes; and
- (iv) This Indemnity shall remain in force notwithstanding the Member’s death, invalidity, incapacity, bankruptcy, or liquidation.

In consideration of the SACCO providing information and/or documentation relating to the Service via and electronic transmission and the SACCO acting on instructions issued by the Member via telephone and electronic transmission, Member agrees and undertakes to the SACCO as a continuing security to the SACCO as follows: -

Signature: _____

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THAT, the Member shall indemnify the SACCO on a full and unqualified basis from and against all actions, proceedings, claims and demands which may be brought against the SACCO and all losses, charges, costs, damages and expenses which the SACCO may incur as a result of undertaking/agreeing to comply with the Member's request.

THAT, the Member shall indemnify and hold harmless, on a full and unqualified indemnity basis, the SACCO for any loss or damage, costs and expenses incurred by the SACCO investigating, resisting, or negotiating any claim (whether successful or not) which if successful would have given rise to a liability on the part of the SACCO.

THAT the Member acknowledges that they have not been induced in any way or by others to execute this Indemnity and the Member is doing so out of the Member's own free will.

THAT this Indemnity is subject to the SACCO's Terms and Conditions as amended from time to time.

General terms and conditions

a. Membership

- Application must be made in Balozi SACCO membership application form (forms updated regularly on Balozi website).
- The Society may share your contact and account information with the following parties
 - i. ICT System vendors – they provide platforms which the SACCO use to process your data to enable account opening, receipting of SACCO contributions, disbursement of payments, sms/email communications.
 - ii. Loan guarantors, credit reference bureau (CRB) and debt collectors – in case of future loan defaults.

b. Loan application

- Application must be made in Balozi SACCO loan application form (forms updated regularly on Balozi website).
- In case of default, the Society may share your contact and loan information with your guarantors, CRB and debt collectors.
- Loan guarantors will be required to give consent to Balozi SACCO to share the loanee's contacts with debt collectors in case of a loan's default for purposes of facilitating loan recovery.

c. Ekeza saving

- Application must be made in Balozi SACCO Ekeza saving application form (forms updated regularly on Balozi website).
- Certificate of deposit is at a fixed interest rate during its lifetime, any breakup of certificate will automatically cancel the certificate. A new certificate will be issued with a new effective date.

THAT this Indemnity and any disputes or claims arising out of or in connection with its subject matter are governed by and construed in accordance with the laws of the Republic of Kenya.

Members to complete this indemnity form and submit it to the SACCO via email (info@balozisacco.com) or drop it at the Sacco's reception desk

Note

1. Members who will not have submitted this indemnity form will be denied services until they submit one via email or hard copy.

Signature: _____

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The Member:

Name: _____ Member No: _____

ID No: _____ Signature: _____

Date: _____

Witness Name: _____ Member No: _____

ID No: _____ Signature: _____

Date: _____