



ZOGHORI REGULATED NON-WDT SACCO SOCIETY LTD

TILU-BILU BUILDING
1ST FLOOR, LET WING
ALONG DIGO ROAD
OPP. G.P.O. (HUDUMA CENTRE)

P. O. BOX 86838 80100
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"Save Regularly, Borrow Wisely, Repay Promptly"

GROUPS/CHAMAS REGISTRATION APPLICATION FORM

GROUP DETAILS

Name of Group: _____

Type of Group: Club ☐ Association ☐ Welfare ☐ Chama ☐ Partnership ☐

Others (Please specify) _____

Date Established: _____ REGISTRATION NUMBER: _____

PHYSICAL ADDRESS

Registered Office: _____

Postal Address _____ Postal Code _____ Town _____

Mobile no: _____ Email _____

Contact Person: _____ Mob No: _____

Business Objective of the Group: _____

Source of Funds to Account (You may tick more than one box)

Saving ☐ Borrowing ☐ Business Income ☐ Income from Investments ☐

Others (Please specify) _____

Approximate Monthly proceeds Kshs: _____

NAMES OF DIRECTORS/OFFICIALS

| | FULL NAMES | I.D NO: | OCCUPATION | POSITION HELD |
|---|------------|---------|------------|---------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

AUTHORIZED SIGNATORIES

| DETAILS | 1 ST SIGNATORY | 2 ND SIGNATORY | 3 RD SIGNATORY | 4 TH SIGNATORY |
|----------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Full Names * | | | | |
| Date of Birth* | | | | |
| I.D Number* | | | | |
| P.O.Box | | | | |
| Mobile no:* | | | | |
| Email | | | | |
| Employer | | | | |
| Occupation | | | | |
| Residence* | | | | |

(Attach a separate sheet if the number of officers exceeds the space provided)

We aim to initiate at least savings of Kshs Per month with effect from

AUTHORIZED SIGNATORIES

SIGNING INSTRUCTIONS

PASSPORT PHOTO

NAME

I.D NUMBER

SIGNATURE

PASSPORT PHOTO

NAME

I.D NUMBER

SIGNATURE

PASSPORT PHOTO

NAME

I.D NUMBER

SIGNATURE

PASSPORT PHOTO

NAME

I.D NUMBER

SIGNATURE

JOINT/GROUP ACCOUNT PROVISIONS

- a) In the event of the death of any one of the holders of a joint account the SACCO shall pay or deliver to or to the order of the survivor or survivors all monies, documents remaining, standing to credit or held by the SACCO for any account(s) in the joint names.
- b) The holders of a joint account shall be jointly and severally liable for any loan or other credit facilities which shall be granted to any account in their joint names, and for any liability or obligation arising from pertaining for such a joint account, together with all interest, commission and other charges and expenses.
- c) The Sacco may, unless otherwise agreed, act on the instructions of any other holder of a joint account, but if any holder of joint account gives instruction that conflict with instructions given by any other holder of the joint account, the Sacco may refuse to act on any such instructions until the conflict is resolved to the Sacco's sole satisfaction.
- d) Each holder of a joint account authorizes and empowers the other holder(s) to endorse for deposits and to deposit with the SACCO any and all cheques, notes or other instruments for the payment of money, payable and purporting to belong to any one or all of them, and should any such instrument be received by the SACCO without having been so endorsed then the SACCO is hereby authorized to endorse any such instruments on behalf of the relevant holder and to credit the same to the account held in their joint names.

CHECKLIST OF ATTACHMENTS

- ✓ Minutes of Meeting Resolving to join Zoghorí Sacco Society Ltd
- ✓ Certificate of Registration the Group
- ✓ Copies of Identification Cards of Authorized Signatories
- ✓ Passport-size Photos of Authorized Signatories
- ✓ List of Group Members
- ✓ Specimen Signatures
- ✓ Constitution

DECLARATION

We hereby acknowledge receipt of the SACCO BY-LAW and the MEMBERSHIP POLICY GUIDANCE BOOKLET and we confirm the conditions and guidelines have been well explained to us and that we understand the contents hereof and we accept the terms of the document for the time in force. We also accept that the terms of this document may change and that we shall be bound by such changes as are communicated to the members from time to time.

The account shall be opened and operated subject to any directions that may be issued to the society by its statutory regulators from time to time.

The Sacco shall be entitled to make any enquiries it deems necessary in the relation to the opening of an account and the customer hereby authorizes the Sacco to make such enquiries.

The customer shall provide the SACCO with all such information and documents as the SACCO may require in terms of establishing the identity of the customer or the Authorized signatories and their legal capacity to open and operate the account or as may be required pursuant to any anti-money laundering rules and regulations by the central bank of Kenya or any other regulatory body whether in Kenya or elsewhere.

We hereby confirm that the declarations given in this form by us are true and we shall be held responsible for the same all times.

| FULL NAMES | SIGNATURE | I.D NO | DATE |
|------------|-----------|--------|------|
| | | | |
| | | | |
| | | | |
| | | | |

(To be signed by signatories)

OFFICIAL USE ONLY

ENTRANCE FEE PAID ON: _____ RECEIPT NUMBER: _____

MEMBERSHIP APPROVED BY _____ Signature _____ Date _____

MEMBERSHIP NUMBER:

CHECKED BY: _____ Signature _____ Date _____

WITHDRAWAL

DATE OF WITHDRAWAL _____ DATE OF REFUND BY MANAGEMENT _____

COMMITTEE VOUCHER/CHEQUE NO _____ MINUTES NO _____ DATE _____

CHAIRMAN SIGNATURE _____ TREASURER SIGNATURE _____

ALL PAYMENTS BE MADE DIRECT TO ZOGHORI SACCO BANK ACCOUNTS

❖ CO-OPERATIVE BANK, NKUMAH ROAD BRANCH: A/C NO: 01100079105900

❖ KCB, MVITA BRANCH: A/C NO: 1107341914

NOTE:

FOR M-PESA MOBILE BANKING USE PAY BILL>, BUSINESS NO: 4077167> ACCOUNT NO.
WRITE YOUR GROUP REG CERTIFICATE NUMBER/MEMBERSHIP NO.

KINDLY BE AWARE WE DO NOT RECEIVE CASH MONEY IN OUR OFFICES