STAWISHA SACCO SOCIETY LIMITED

P.O BOX 27-50203 KAPSOKWONY.
TEL: 0202593207.EMAIL:elgonsacco@yahoo.com
Website:https:\\www.stawishasaccolimited.co.ke

PART A .APPLICATION FOR WELFARE SCHEME FUND

PERSONAL DETAILS

Full names: ----------

Surname First Name Other Names

Personal no……..

Title (Mr., Mrs., Miss): ----------Marital status----------

National Identity Cards/Passport No ----------

Pin No: ----------

Date of birth: ----------Cell phone no: ----------

County of birth ----------Division ----------

Location ----------Sub-location ----------

Postal Address ----------Code----------

Email address ----------

Residential address ----------

Attach supportive documents i.e. id card, kra pin, and birth certificates of dependants copies.

PART C.PARTICULARS OF NOMINATED NEXT OF KIN

I, The undersigned, in the event of my death whilst a member of the society,hereby instruct the society to pay all amounts due to the person named in this section. I understand that I may alter the name of Nominated Next of Kin or appropriate proceeds as desired by filling in a subsequent separate form. (The name of nominee can be given in a sealed envelope).

NOMINATED NEXT OF KIN (FULL NAMES):

_____

ID NUMBER: _____ RELATIONSHIP TO APPLICANT: _____

ADDRESS OF NEXT OF KIN: _____ TEL. NUMBER: _____

PART D.PARTICULARS OF SPOUSE

I. Full names: Mr./Mrs._____

II. National Identify Card Number_____

III. Date of Birth: _____

IV. Postal Address: _____

V. Telephone number: _____Mobile phone Number_____

VI. Email address: _____

PART E.NAMES OF CHILDREN UNDER 18 YEARS OF AGE(For those in Colleges should not exceed 24 years

1. _____ Date of Birth _____

2._____ Date of birth_____

3. _____ Date of Birth_____

4._____ Date of Birth_____

5._____ Date of Birth_____

6----------Date of Birth----------

(Attach supportive documents i.e birth certificates or college identity cards

PART (F) OTHER DEPENDANDS

1. Father _____ I'd _____

2. Mother_____ I'd_____

3. Father in law _____ I'd _____

4. Mother in-law _____I'd_____

(Attach supportive documents i.e identity cards)

BASIC RULES AND REGULATIONS.

INTRODUCTION

1.3 In this agreement "you" and "your" mean any customer operating an account and includes (where appropriate) any person you authorize to give instructions on your accounts." we", "us" and "our" mean stawisha Sacco Society ltd.

A. WELFARE SCHEME

This scheme gives the member the opportunity to save monthly

- The mandatory minimum monthly contribution is ksh. 2,000.00. which is non-withdrawal unless on termination of membership and must be maintained throughout the course of membership and out of it ksh.500.00 is transferred to welfare fund scheme

B (II). PAYMENT OF BEREAVEMENT

1. Death of contributor's ksh.50,000.00
2. Death of contributors' spouse ksh. 50,000.00
3. Death of contributor's child ksh. 50,000.00
4. Death of contributor's Father ksh. 50,000.00
5. Death of Contributor's Mother ksh. 50,000.00
6. Death of Contributor's Father In law ksh. 50,000.00
7. Death of Contributor's Mother In law ksh. 50,000.00

- Members should submit risk claim forms and photocopy of death certificate immediately after occurrence of the misfortune

APPLICANTS DECLARATION.

I accept & agree to be bound by the conditions of use. I agree that I am liable for all charges incurred. I hereby indemnify the Sacco against all losses that may occur as a result of my use of this facility. I have read, understood and I undertake to abide by all rules and regulations of the membership of Elgon Teachers Sacco Society. I also understand that the Sacco reserves the right to decline the application without giving any reasons.

PASSPORT

Signature of applicant:
(specimen signature)

Date: ----------