



INDEMNITY CLAUSE

I/We agree that this account shall be operated solely at the discretion of the SACCO of my/our cost against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactory performance.

CUSTOMER / MEMBERS OBLIGATIONS

As a Customer or Member of Taraji Sacco Society you are obliged to:

- 1) Observe the law and the rules whenever transacting and business with the society.
- 2) Be faithful and honest in all your dealings with the society.
- 3) Observe the code of conduct and ethics of the society, and in particular desist from any corrupt practices in all dealing with the society.
- 4) Protect the image of the society and avoid unnecessary publicity, incitement or careless talk that can injure the reputation of the society.
- 5) Inform the Sacco through the office of the CEO in writing of any change of physical address and contact whenever they occur.
- 6) Pay any debts obligation to the Sacco.
- 7) Seek the Sacco's education to improve your awareness and enlightenment on the Sacco products and services.

FOR OFFICIAL USE ONLY

Witnessed by Sacco Officer

Approved by:

Chief Executive Officer, Signature..... Date

Registry Officer:

Name:.....Signature Date.....

Membership No:.....Receipt No:..... Admission Date.....

Name:.....Signature Date.....

Data captured by Finance

Name:.....Signature Date.....

Data captured by FOSA

Name:.....Signature Date.....

Data captured verified by:

Name:.....Signature Date.....

TARAJI SACCO LTD.
P. O BOX 605-40600,
SIAYA - KENYA.
EMAIL: info@tarajisacco.co.ke



Serial No. _____

Membership No.....

Fosa Account No.....

MEMBERSHIP APPLICATION FORM

Please fill the form in capital letters. Attach the following documents / copy of the National ID/Passport

A). ACCOUNT DETAILS (INDIVIDUAL)

Surname..... First name Other names.....

National ID / Passport KRA PIN

Date of Birth (DOB) (DD/MM/YYYY) Gender M ☐ F ☐

Marital Status: Single ☐ Married ☐ Widow ☐ Widower ☐ Divorced ☐

Mobile Phone No. Email.....

Postal Address P. O. Box code Town

County Sub-county

Division Location.....

Sub-location

Next of Kin

No.	NAME	ID / PASSPORT	RELATIONSHIP	PERCENTAGE
1.				
2.				
3.				
4.				
5.				
6.				

SECTION ONE: EMPLOYMENT (TO BE COMPLETED BY AN EMPLOYED APPLICANT)

Employer Employers Address

Designation Employment No.

Work StationTel. No.

Terms of Service : Permanent ☐ Temporary ☐ Contract ☐ Casual ☐

AUTHORITY TO THE EMPLOYER TO DEDUCT THROUGH CHECK-OFF

I..... whose particulars are shown above, do hereby
give my employer of P. O. Box
code town authority to deduct from my
salary every month an amount of Kshs as deposits and Kshs. 400 as
risk fund

SECTION TWO: BUSINESS DETAILS (TO BE COMPLETED BY A BUSINESS APPLICANT)

Business Name Business Address

Nature of Business Business Location

Other (Specify)

Micro-credit ☐ SME ☐ Others ☐

B). ACCOUNT DETAILS (JOINT / GROUP)

Name of the Group / Corporate

Group location Activity

Certificate No. Date of Registration

TITLE	NAME	ID NO.	PHONE NO.	SIGN
CHAIRMAN				
TREASURER				
SECRETARY				

TITLE	NAME	ID NO.	PHONE NO.	SIGN
WITNESS				

LOYALTY MEASURE

Introduced by (Name)

Member Number ID Number

FOSA ACCOUNT SERVICE

Tick Appropriately

SACCO ATM Card ☐

M-SACCO ☐

PAYPOINT ☐

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the Societies by-laws.

NB: Signature as used in all banking transactions.

NAME IN FULL (BLOCK LETTERS	NATIONAL ID	SIGNATURE