



MEMBERSHIP APPLICATION FORM

Please complete this form in CAPITAL letters. All fields marked in asterisks are MANDATORY.
I hereby make an application for membership and agree to conform to the Society's by laws
and amendments thereof.

Attach passport
photo here

APPLICANTS DETAILS (as per ID/Passport)

FIRST NAME*

MIDDLE NAME*

LAST NAME*

ID/PASSPORT NUMBER*

PRIMARY MOBILE NUMBER*

PRIMARY EMAIL

KRA PIN:

GENDER*: ☐ Male

DATE OF BIRTH (DD/MM/YY)*:

☐ Female

COUNTRY OF RESIDENCE*:

CURRENT COUNTY/STATE*:

POSTAL/PHYSICAL ADDRESS*:

MODE OF REMITTANCE

☐ CHECK OFF

EMPLOYER

PAYROLL NO*

FORMATION

STATION

☐ SELF (NON CHECK OFF)

TYPE OF BUSINESS:

BUSINESS NAME:

BUSINESS POSTAL ADDRESS:

PHYSICAL LOCATION:

KRA PIN:

PREFERRED MODE OF REMITTANCE: ☐ STANDING ORDER ☐ DIRECT DEBIT ☐ EFT ☐ CASH/MPESA

MONTHLY CONTRIBUTION AMOUNT(KES)

WITH EFFECT FROM: _____

REGISTRATION OF PRODUCT/SERVICES (tick where applicable)

☐ Mobile Banking Services

Mobile Number:

☐ Internet banking

To get your VISA branded ATM Card visit any of our nearest branch

NEXT OF KIN DETAILS

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 me, less my debts to the society, to the person(s) named in this section (The name(s) of the nominee(s) can be given in a sealed letter). I understand that I may alter the name(s) of the Nominated Next of Kin(s) by filling a fresh nomination form. N/B: if more than one nominee is listed, please indicate the percentage to pay each of them.

Beneficiaries*

Full Names	Mobile No.	ID Number	Relationship	D.O.B	Percentage (%) Assigned	Postal Address

UBF Nominees (Spouse and/or Children)

Nominated Spouse and/or children's details (Attach copy of spouse ID and copy of birth certificate of children. Nominate one spouse only. In case of more children, fill the next of kin form. Read page 3 for information on benefits of UBF).

Full Names	Mobile No.	ID Number/ Birth Certificate No.	Relationship	D.O.B	Postal Address

HOW DID YOU GET TO KNOW ABOUT US?

☐ REFERRAL

NAME: _____ TEL NO: _____

WEB: ☐ WEBSITE ☐ EMAIL ☐ MOBILE APP

SOCIAL MEDIA: ☐ FACEBOOK ☐ X(Twitter) ☐ INSTAGRAM ☐ YOUTUBE OTHERS: _____

MEMBER CONSENT

I agree that this account shall be operated solely at the discretion of the SACCO and hereby agree to indemnify the SACCO at my/our cost against any loss or claims arising out of the account being closed by the SACCO without notice due to unsatisfactory performance. I confirm having read and understood the General Terms and Conditions for Operating the SACCO Link ATM Card, Internet and Mobile banking service.

I consent to the collection, use, and processing of my personal data by Kenya National Police DT SACCO in accordance with the Data Protection Act of 2019, Kenya. I understand that:

- I. My personal data will be collected and used for the purposes of membership, communication, and any other purposes related to the activities of Kenya National Police DT SACCO.
- II. Kenya National Police DT SACCO will ensure that my personal data is processed in a manner that guarantees its security and confidentiality and will take all necessary measures to protect it from unauthorized access, disclosure, alteration, or destruction.
- III. I have the right to access my personal data held by Kenya National Police DT SACCO and to request correction of any inaccurate or incomplete data.
- IV. My personal data may be shared with third parties only for purposes directly related to the functions and activities of Kenya National Police DT SACCO and only if such sharing is compliant with the Data Protection Act of 2019.
- V. My personal data will be retained by Kenya National Police DT SACCO for as long as it is necessary to fulfil the purposes for which it was collected or as required by law.
- VI. I give consent for the processing of my child(ren)'s personal data in the capacity of parent/guardian only for purposes directly related to nomination and connected activities of Kenya National Police DT SACCO in a manner that protects and advances the best interests of the child(ren).
- VII. I give consent for the processing of the personal data of my spouse only for purposes directly related to nomination and connected activities of Kenya National Police DT SACCO.
- VIII. I have the right to withdraw my consent at any time by providing written notice to Kenya National Police DT SACCO. I understand that withdrawal of consent may affect my ability to fully participate in the activities and benefits of membership.

I have read and understood the terms of this consent form, and I agree to the collection, use, and processing of my personal data, that of my child(ren) and spouse(s) as described above.

FULL NAMES: _____

DATE: ____/____/____

SPECIMEN SIGNATURE*
(Should be used for all documents provided by the Sacco)
Sign at the Centre of the Box

FOR OFFICIAL USE ONLY

Member no. _____

Recruited by _____

- ☐ Customer Information Checklist
- ☐ Valid Identification documents obtained & authenticated
- ☐ Photographs Obtained/Captured and authenticated
- ☐ Biometrics captured
- ☐ Customer Contact Information available
- ☐ Mandated Signatures Obtained

Account Captured by (Name): _____ Signature: _____

Account Approved by (Name): _____ Signature: _____

UTUMISHI BENEVOLENT FUND(UBF)

This is an insurance pool that members contribute Kshs. 350 monthly with the following benefits:-

1. In case of demise of a principal (member) the SACCO will make a payment of Kshs. 70,000 (seventy thousand shillings) to cover for funeral expenses.
2. The deceased member's deposits will be doubled and paid to the nominated beneficiary(ies).
3. The deceased member liabilities to the SACCO will be written off.
4. In case of demise of a spouse (one spouse) the SACCO will pay Kshs. 40,000 (forty thousand shillings) to cover for funeral expenses.
5. In case of demise of a child, the SACCO will pay Kshs 30,000 (thirty thousand shillings) to cover for funeral expenses, up to a maximum of 4 children in a year up until 24 years of age.

MOBILE BANKING SERVICES TERMS & CONDITIONS

DEFINITION OF TERMS

- **"Sacco"** refers to Kenya National Police DT SACCO Society Ltd
- **"M-Tawi"** refers to the Mobile banking solution service.
- **"Customer instruction"** means any request or instruction from the M-Tawi customer to the Sacco.
- **"PIN"** means any confidential password, code or number normally 4 digits which may be used to access the M-Tawi services.
- **"M-Tawi Tariff"** -refers to the M-Tawi transaction charges
- **"Subscriber"** means a member who subscribes to use M-Tawi Service.
- **"Joint Account"** - Account held jointly by two or more persons whose mandate is "Any to sign" and accounts which require more than one signatory will not be issued with M-Tawi Service.

USE OF PERSONAL IDENTIFICATION NUMBER (PIN)

- a) M-Tawi subscriber shall receive an SMS informing them of their registration and PIN.

- b) The subscriber shall be required to change the PIN before using the M-Tawi Services.
- c) The subscriber shall exercise due care to ensure the secrecy of the PIN at all times and prevent use of PIN by any third party.

LOST/STOLEN SIM CARD REGISTERED FOR M-TAWI SERVICE

- a) If the subscribers' loses his/her SIM Card line registered with M-Tawi, the subscriber must notify the Sacco immediately to block M-Tawi Service until the SIM Card is replaced.
- b) The subscriber shall be liable in respect of any transactions instructions affecting his/her Sacco account that is given with a valid PIN.
- c) If report of loss or theft of SIM Card registered for M-Tawi service is communicated by someone other than the subscriber, Sacco shall not be held liable of any damages thereto.