



# TIMES U DT SACCO LTD

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Your Timely Financier

## ACCOUNT APPLICATION FORM

Branch Name..... A/C No: .....

Do you have the ability to read and write?  Yes  No

Are you abled-differently?  Yes  No

If Yes specify: \_\_\_\_\_

### A: MEMBERSHIP TYPES:

INDIVIDUAL  GROUP  JOINT  CORPORATE  INSTITUTION

### B: ACCOUNT TYPES:

SHARES  CURRENT  TIMERS JUNIOR  JOINT  GROUP  BIASHARA   
CORPORATE  INSTITUTION  BURUDIKA  HEKIMA  HABA NA HABA   
MICRO  AGENCY  SOCIETY  SPECIAL DEPOSIT (FIXED)

### C: PERSONAL INFORMATION:

NAME: \_\_\_\_\_ ID No. \_\_\_\_\_ ID Serial No. \_\_\_\_\_

DOB \_\_\_\_\_ Marital Status \_\_\_\_\_ Gender \_\_\_\_\_

Profession \_\_\_\_\_ Postal Address \_\_\_\_\_ Code \_\_\_\_\_

Residence \_\_\_\_\_ Phone No. \_\_\_\_\_ Email \_\_\_\_\_

KRA PIN \_\_\_\_\_ Signature \_\_\_\_\_

### D: CONTACT PERSON DETAILS:

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relation \_\_\_\_\_ Residence \_\_\_\_\_ Occupation \_\_\_\_\_

### E: TIMERS JUNIOR ACCOUNT:

Child Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth \_\_\_\_\_ Certificate No. \_\_\_\_\_ Age \_\_\_\_\_

Trustee Name ..... Phone number .....

### F: CORPORATE/INSTITUTION/GROUP/JOINT:

Account Name: \_\_\_\_\_

Reg Number ..... KRA Pin .....

**1<sup>st</sup> signatory**

**2<sup>nd</sup> signatory**

**3<sup>rd</sup> signatory**

Name: .....

Id No: .....

Phone no: .....

Designation: .....

Signature: .....

Signing instructions:  Any one  Any two  All three  
 1<sup>st</sup> signatory  2<sup>nd</sup> signatory  3<sup>rd</sup> signatory

**G: SOURCES OF INCOME**

Business  Farming  Dairy  Tea  Coffee  Salaried

Others (Specify) .....

**H: NOMINEE DETAILS**

I the undersigned, in the event of my death whilst a member of the society hereby instructs the society to pay all amounts due to me, less any obligations with the society to the person(s) named in this section. I understand that I may alter the name of the nominee by filling a fresh nomination form.

Nb. If more than one nominee is listed, please indicate the percentage.

NAME OF NOMINEE	RELATIONSHIP	PERCENTAGE %
1.		
2.		
3.		
4.		

**I: AUTHORITY TO MAKE DEDUCTION**

I authorize you to deduct KSH. 300 or KSH..... from my FOSA account every month and credit to my deposit contribution and benevolent fund contribution as stipulated by the policy. I also declare that I will not hold you liable for any possible inconveniences caused to me in respect of this request.

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

**J: E-CHANNELS SUBSCRIPTION**

I, the undersigned hereby apply for M-TIMES (mobile banking) from Times U DT Sacco I warrant the information given below is true and I authorize you to make any enquiries necessary in connection with this application. I agree and accept to be bound by the conditions of use.

MPESA Mobile no.....

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

**K: SPECIMEN SIGNATURE AND DECLARATION**

I/We..... declare that all the particulars given by Me/Us are true.

I/We confirm that the terms have been explained to Me/Us in a language that I/we understand relation to the terms and conditions governing the opening, operation and closure of the membership, I/We confirms that I/We have read and understood the terms and conditions. I/We further unequivocally consent that My/ Our personal data, collected in connection with such terms and conditions , may from time to time be used and disclose for such lawful purposes.

Signature(s) 1<sup>st</sup> ..... 2<sup>nd</sup> ..... 3<sup>rd</sup> ..... Date .....

**L: HOW DID YOU KNOW ABOUT THE SACCO**

Radio  Tv  Referral  Social media  Activation  Newspaper  Magazine

Staff  Member  Any other .....

**Recruited by-**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Signature \_\_\_\_\_

**M: FOR OFFICIAL USE ONLY AND KYC CHECKLIST**

Valid identification doc.  Photograph  Contact information  Mandated signature(s)

Account opened by: Name: \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Account approved by: Name: \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_