

# TRANS NATIONAL TIMES

P.O. BOX 2274-30200 Tel: 054-31413,  
Teachers Plaza, First Floor  
Next to Divisional Police Headquarters  
Kitale, Kenya



# SACCO SOCIETY LTD

Cell: 0712585874  
Fax: (+254-054) 31005  
Email: tntsacco@yahoo.

## FORM: TNT 1A

PAY BILL NO:533888 ACCOUNT NO:YOUR ID No

### MEMBERSHIP APPLICATION

I Mr./Miss/Mrs.....of Employer No..... ID/Passport No..... hereby apply for membership of **TRANS-NATIONAL TIMES SACCO LTD**. My monthly subscriptions are Kshs..... subject to minimum subscriptions as indicated below. I agree to abide by the Co-operative society's Law and Rules and the society's By-law and amendments there in from time to time.

Signature.....

Attach a photocopy of latest pay slip and ID copy

#### 1. PERSONAL DETAILS

PERMANENT ADDRESS: .....

GENDER: ..... DATE OF BIRTH.....

CURRENT ADDRESS .....

PROFESSION: .....

COUNTRY.....

MARITAL STATUS: .....

EMPLOYMENT.....

DATE OF JOINING:.....

STATE.....

TELEPHONE CONTACT.....

EMAIL.....

DISTRICT .....

DIVISION.....

ZONE.....

STATION.....

EMPLOYER.....

EMPL.ADDRESS.....

EMAIL.....

TELEPHONE.....

KRA PIN.....

N.S.S.F NO:.....

N.H.I.F NO.....

#### 2. TICK THE ACCOUNT TO BE OPENED

I. JUNIOR ACCOUNT

Name of the child.....Name of guardian.....Date of Birth  
.....Birth certificate No.....

II. MICRO CREDIT ACCOUNT

III. PIONEER SALARY ACCOUNT (PSA)

IV. FIXED DEPOSIT

V. TUJIINUE SALARY ACCOUNT (TSA)

VI. SAVINGS ACCOUNT

FOSA A/C.....SACCO MNO.....

#### CHECKED BY:

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

#### APPROVED/VERIFIED BY:

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

#### INTRODUCED BY

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

#### 3. MINIMUM SHARE SUBSCRIPTIONS

- i. **CLASS A:** Minimum Subscription kes.3,328/=, Target : Teachers Service commission
- ii. **CLASS B1:** Minimum subscription Kes. 3,328/= , Target : Public service commission, Ministry of Education officers, Members of disciplined forces(Regular Police, Administration and KDF), Kenya Prison Service Warders, KNUT employees, TNT Sacco Staff, TNT Sister Organizations, Diaspora civil servants/self-employed/others.
- iii. **CLASS B:** Minimum subscription Kes. 880/=, Target: Security guards, ECD, Private School Teachers/Other organizations, Subordinate staff, Retirees(i.e. Pensioners below 66 years).
- iv. **CLASS C:** Minimum subscription kes.220/=, Target: Business Entrepreneurs, Women groups, Youth groups , Casual labour/students

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## FORM: TNT 1B

### SPECIMEN SIGNATURE/AUTHORIZATION CARD

Account Name	M/No.	<input type="text"/>	ACC No.	<input type="text"/>
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<b>1. Name</b> .....	<b>2. Name</b> .....
Customer Signature.....	Customer Signature.....
Signed by me this day...../...../20.....	Signed by me this day...../...../20.....
ID/PP No.....	ID/PP No.....
Phone No.....	Phone No.....
<b>3. Name</b> .....	<b>4. Name</b> .....
Customer Signature.....	Customer Signature.....
Signed by me this day...../...../20.....	Signed by me this day...../...../20.....
ID/PP No.....	ID/PP No.....
Phone No.....	Phone No.....

### OPERATING INSTRUCTIONS

1. Mr. /Mrs. /Miss/ .....of ID No.....  
 2. Mr. /Mrs. /Miss/ .....of ID No.....  
 3. Mr. /Mrs. /Miss/ .....of ID No.....  
 4. Mr. /Mrs. /Miss/ .....of ID No..... is fully empowered to draw and sign withdraw /receipt on my account, for which this shall be full and sufficient authority to you, your managers, clerks and officers and shall be binding upon and all other persons claiming from or under me.

Scanning Officer .....Signature.....Date.....  
 (Signature and Photo)

Photo capture Officer.....Signature.....Date.....

Verified by Name .....Signature.....Date.....

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**FORM: TNT 3**

**NOMINEE CARD**

<b>SACCO Mno.</b>																				
<b>Employment No</b>																				
<b>AC/No.</b>																				

(Start filling from right)

**(PER BY –LAW NO. 15)**

Pursuant to the by-law of this society, I Mr. /Mrs./Miss.....hereby nominate:

<b>NAME</b>	<b>RELATIONSHIP TO YOU</b>	<b>CONTACTS</b>	<b>ID/BIRTHCERT/D.O.B</b>
1. ....	.....	.....	.....
2. ....	.....	.....	.....
3. ....	.....	.....	.....
4. ....	.....	.....	.....
5. ....	.....	.....	.....
6. ....	.....	.....	.....
7. ....	.....	.....	.....
8. ....	.....	.....	.....
9. ....	.....	.....	.....
10. ....	.....	.....	.....
11. ....	.....	.....	.....
12. ....	.....	.....	.....
13. ....	.....	.....	.....
14. ....	.....	.....	.....

As the person(s) to receive monies standing to the credit of my share and Deposit accounts in the said Society at my death, less my indebtedness owned by me to the society.

Signed.....Date .....Day.....

**WITNESSES**

1. Name.....

Signature.....Date.....

2. Name.....

Signature .....Date.....