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**TRANS NATIONAL TIMES DT SACCO SOCIETY LTD**

P.O. BOX 2274 - 30200 **Customer Service No**: 0111050510

Teachers Plaza, First Floor **Website**: www.tntsacco.co.ke

Next to Divisional Police Headquarters **Email**: info@tntsacco.co.ke

Kitale, Kenya.

**PAYBILL NO**: 533888 ACCOUNT NO: WRITE YOUR **ID NUMBER**

**FORM: TNT 1A - MEMBERSHIP APPLICATION**

I Mr./Mrs./Ms./Others(specify).…………………………………………………………………………… of Employer No………………………. ID/Passport No…………………….…. hereby apply for membership of **TRANS-NATIONAL TIMES SACCO LTD.** Monthly share contribution **Yes No** if yes**,** monthly contribution is **Ksh**…………………….….

1. I agree to abide by the Co-operative Society’s Law and Rules and the Society’s By-laws and amendments therein from time to time.
2. Permit the Sacco to use the below telephone number, email and postal address so far as much I remain a member of TNT Sacco Ltd.
3. That I will communicate in written any changes in telephone, email and postal address.

***NB: TNT will use your personal information herein as outlined in our privacy notice on our website*** [***www.tntsacco.co.ke***](http://www.tntsacco.co.ke)***/tnt-privacy-notice. You will be deemed to have accepted the terms therein when you sign and submit this form for further processing.***

Signature…………………………………………………… Date……………………………………………

***NOTE: Attach a photocopy of latest Pay Slip (for employed persons), ID copy and KRA PIN Certificate.***

1. **PERSONAL DETAILS**



1. **FOR OFFICIAL USE ONLY**

KYC verification and member interview done by:

|  |  |  |
| --- | --- | --- |
| STAFF NAME: | MNO: | SIGN: |

1. **OFFICIAL USE**

**FOSA A/C**………………………………………………………….. **SACCO MNO**…………………………………………………………….

**INTRODUCED BY:**

Name……………………………………………. MNO………………… Signature………………. Date…………………….

**RECRUITED BY:**

Name……………………………………………. MNO………………… Signature………………. Date…………………….

**DIVISION (EDUCATION):***…………………………………………………………* **ZONE / CLUSTER…***………………………………………………*

1

 **TICK THE FOSA ACCOUNT TO BE OPENED**

1. **SALARY ACCOUNTS**

|  |  |  |
| --- | --- | --- |
|  **ACCOUNT** |  **TARGET** | **(Tick where Applicable)** |
| 1. **PAYROLL ACCOUNT**
 | TSC Members, Pensioners, TNT Sacco Staff and Staff of Sister Organizations, Civil Servants, State Corporation Employees, Kenya Police Service Officers, Kenya Prisons Wardens, KWS Officers, KNUT/KUPPET Employees and Ministry of Education Officers. |  |
| 1. **PAYROLL ACCOUNT**
 | E.C.D.E Teachers, Private School Teachers, BOM Teachers, Subordinate Staff, Security Guards, Staff from Private Firms |  |

1. **SAVINGS ACCOUNTS**

|  |  |  |
| --- | --- | --- |
| **ACCOUNT** | **TARGET** | (**Tick Where Applicable**) |
| 1. **AKIBA SAVINGS ACCOUNT**
 | Open to all Members including Churches, Schools, Colleges, NGOs, Farmers, Business Entrepreneurs and Individuals who a voluntary savings for their personal savings outside the salary. |  |
| 1. **LENGO SAVINGS ACCOUNT**
 | Open to all Members, who are geared towards building up savings to achieve dreams in life i.e. a house, piece of land, a car, going for a holiday or any other project. |  |
| 1. **INSTITUTIONAL SAVINGS ACCOUNT**
 | Designed to encourage churches, schools, welfare groups, NGO’s and clan related groups to operate a convenient savings account. |  |
| 1. **MSTAAFU DAIMA SAVINGS ACCOUNT**
 | Designed for pensioners to provide financial stability while ensuring the SACCO maintains healthy liquidity. The plan offers a structured payout scheme, combining an immediate lump-sum payment with monthly disbursements over a set period. |  |

1. **JUNIOR SAVINGS ACCOUNTS**

|  |  |  |
| --- | --- | --- |
|  **ACCOUNT** |  **TARGET** | **(Tick Where Applicable)** |
|  **JUNIOUR SAVINGS ACCOUNT** | Children under the age of **18** years |  |

1. **YIELD PLUS ACCOUNTS**

|  |  |  |
| --- | --- | --- |
|  **ACCOUNT** |  **TARGET** | **(Tick Where Applicable)** |
|  **YIELD PLUS ACCOUNT** | Open to all Members who need to invest **Lump Sum/deposit refunds/personal deposits** amounts for a specified **Fixed Term that is renewable.** |  |

1. **MINIMUM SHARE SUBSCRIPTIONS**
2. **CLASS A:** *Minimum Subscription* ***kes.3700/=****,***Target**: *Teachers Service commission Employees.*
3. **CLASS B1:** *Minimum subscription* ***Kes.3700/=****, Target*: *Public Service Commission Employees, Ministry of Education Officers, Members of Disciplined Forces (Regular Police, Administration and KDF), Kenya Prison Service Wardens, KNUT/KUPPET employees, TNT Sacco Staff, TNT Sister Organizations’ Staff, Diaspora Civil Servants, Self-employed, Others.*
4. **CLASS B:** *Minimum subscription* ***Kes.1000/=****,* **Target**: *Security Guards, E.C.D.E Teachers, Private School Teachers, BOM Teachers, Staff from Private Firms, Retirees (i.e. Pensioners below 66 years).*
5. **CLASS C:** *Minimum subscription* ***kes.1200/=****,***Target**: *Business Entrepreneurs, Women Groups, Youth Groups, Casual Labor and Students.*

**CHECKED BY:**

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

**APPROVED/VERIFIED BY:**

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

2

**FORM: TNT 1B - SPECIMEN SIGNATURE/AUTHORIZATION CARD**

 Account Name M/No. ACC No.

|  |  |
| --- | --- |
| **1. Name**…………………………………………………………  | **2. Name**…………………………………………………………  |
| Customer Signature………………………………………Signed by me this day………../……/20……………..ID/PP No………………………………………………………..Phone No……………………………………………………….  | Customer Signature………………………………………Signed by me this day………../……/20……………..ID/PP No………………………………………………………..Phone No……………………………………………………….  |
| **3. Name**………………………………………………………..  | **4. Name**…………………………………………………………  |
| Customer Signature………………………………………Signed by me this day………../……/20……………..ID/PP No………………………………………………………..Phone No……………………………………………………….  | Customer Signature………………………………………Signed by me this day………../……/20……………..ID/PP 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.

**SPECIFIC WITHDRAWAL INSTRUCTIONS (Tick where Applicable)**

1. Only One to Sign
2. Any Two to Sign
3. Any Three to Sign
4. All to Sign

Scanning Officer ………………………………………………..Signature……………………………..Date………………………….

(Signature and Photo)

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

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

3

**FORM: TNT 3**

**NOMINEE CARD - (PER BY –LAW NO. 15)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SACCO MNO.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **A/C NO.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 (Start filling from right)

Pursuant to the by-law of this society, I Mr./Mrs./Ms./Others (specify)…………………………………………………………..hereby nominate:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SNO.** | **NAME** | **NATIONAL ID/PASSPORT** | **DOB** | **RELATIONSHIP** | **TELEPHONE NO.** | **PERCENTAGE (%) ASSIGNED** |
| 1 |   |   |   |   |   |   |
| 2 |   |   |   |   |   |   |
| 3 |   |   |   |   |   |   |
| 4 |   |   |   |   |   |   |
| 5 |   |   |   |   |   |   |

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

**MEMBERS WELFARE FUND/LAST EXPENSE RIDER**

Declare next of kin to be covered by the fund at least 4(Spouse, child minimum entry age limit is 18yrs, maximum entry age 75yrs, maximum coverage age is 85yrs and strictly 1 spouse per member).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SNO.** | **FULL NAME** | **NATIONAL ID/PASSPORT** | **DOB** | **RELATIONSHIP** | **TELEPHONE NO.** |
| 1 |   |   |   |   |   |
| 2 |   |   |   |   |   |
| 3 |   |   |   |   |   |
| 4 |   |   |   |   |   |

**M-BANKING ENROLMENT:**

I do Authorize Not Authorize Trans National Times DT Sacco Limited to register my Fosa account for Mobile Banking services and issue with me M-Banking credentials. Use my Safaricom Mobile Number………………… (M-pesa Registered). Trans National Times DT Sacco reserve the right to decline mobile banking without giving reasons to the extent permitted by the law.

Sign…………………………………………. Date ………………………………..

**WITNESSES**

1. Name…………………………………………………………………………………

Signature……………………………………………. Date……………………..

1. Name…………………………………………………………………………………

Signature …………………………………………….Date………………………

***Tujitegemee Kiuchumi***

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