



P.O. BOX 886 -00900, Kiambu  
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**INDIVIDUAL MEMBERSHIP APPLICATION FORM**

**A. PERSONAL DETAILS (Personal Accounts Details)**

Surname First Name Last Name

Name of the Applicant .....

ID No..... Passport No..... PIN ..... Date of Birth.....

Gender Male  Female

Mobile No Line 1 ..... Line 2 .....

Members Parish .....

Address ..... Code ..... Box No. ....

Residence ..... Nearest land mark .....

Email Address.....

Contact person Name..... Phone .....

**B. OCCUPATION**

Employed: Employers Name ..... Contract  Permanent

Office Location .....

Self Employed: Nature of Business ..... (Specify eg Farmer Contractor)

Business Location.....

**INCOME**

500 - 50,000  101,000 - 500,000

51,000 100,000  Above 500,000

Other Accounts held in Dimkes and any other financial institution

Account Number	Bank/financial Institution	Branch

**C. NOMINATED NEXT OF KIN**

Name	ID/ Passport Number	% of the wealth	Contacts	Relationship	Date of Birth

**PART D PRODUCTS (Tick appropriately)**

- Normal Shares (Non Withdrawable)
- Deposit A/C
- Fixed Deposit
- Fosa Shares (Non Withdrawable)
- Smart Savers
- Mobile Banking (applicable to sole proprietor & business with one director)

I/we apply for mobile banking facility from Dimkes Sacco Limited. I/We warrant you that the information given is true and complete and I/We authorize you to make any inquiries necessary in connection with this application I/We accept and agree to be bound by the condition of use. I/We agree that I/We are liable for all charges incurred through the use of the facility. I/We hereby indemnify the Sacco against all loses that may occur as a result of my use of this facility. I/We understand that the sacco reserve the right to decline the application without giving reason.

Mobile phone No. ....

Applicant Name ..... Signature .....

6. Cheque Book  Do you need a Cheque Book?

**D. APPLICANT SPECIMEN**

PASSPORT PHOTO

SIGNATURE



**E. TERMS AND CONDITIONS**

1. **Application for membership-** Every applicant for membership shall complete the membership form in BLOCK LETTERS.
  - Attach a COPY of the IDENTITY CARD, PASSPORT PHOTO.
2. **Admission into membership-Registration** Required registration fee and required share capital payable in 3 months installments.)
3. **Refusal of admission-**The management committee may refuse admission to a person after assigning reasons for their decision. Such a person shall have the right to appeal to the annual general meeting and further as provided in the co-operative society Act.
4. **Nominees-**Every member shall nominate in writing at least one or two person to whom upon his/her death his/her shares, money, deposits or any interest and dividend shall be transferred or paid.
5. **Payment to nominee-**In the event of the death of a member, the society, after satisfying itself and after obtaining such documentary proof of the death of a member as it may consider necessary, shall transfer to nominee(s) the value of the deceased member's shares, deposits, interests and dividends after deducting such sums as may be due by the member to the society as soon as possible. If for any reason on the death of a member a nominee does not exist, the society may pay money due to the deceased member to the personal representative or recognized heirs of the deceased member.
6. **Cessation of membership-Membership** in the society shall cease with effect from the date of a member:
  - Dying
  - Being expelled from membership
  - Ceasing to hold the qualifications stated in By-Laws
  - On the transfer of all shares held by him/her
  - Voluntary withdrawal
  - Becoming certifiably insane
  - Being declared bankrupt in a court of law
7. **Withdrawal from the society-** A member may at any time withdraw from the society after meeting all withdrawal requirements by giving a written notice of sixty (60) days (less Share Capital). A member may withdraw from the society by selling or transferring shares to another member or any eligible member. Share capital is not withdrawable but only transferable to another member. Any monies due to the member will be refunded after deducting any liabilities to the society as a borrower, guarantor, endorser or otherwise.
8. **CRB Clause**
  - i. I authorize Dimkes Sacco to access and query my credit information from any of the licensed CRBs and to receive credit reports/scores from any of the licensed CRBs on behalf of myself in order to assess my credit worthiness, wherever and whenever I apply for a new facility and during the persistence of such facilities in order to assist Dimkes Sacco to accomplish its objectives and to enforce its rights under this agreement. I further consent to MY credit information being with the licensed credit reference bureaus.
  - ii. This consent shall not be withdrawn during the period in which I have an outstanding balance. This consent shall automatically terminate upon clearance of all existing loans by myself/Institution to Dimkes Sacco and as long as I have no outstanding facilities with Dimkes Sacco.

**G. DECLARATION:**

I hereby make an application for membership and agree to conform to the society's by laws and amendments there of and pay required registration fee.

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

**H. WITNESS (Sacco Official Only)**

Name .....

Signature .....

**I. How did you know about us:**

- Staff
- Social Media
- Sales Representative
- Another Member
- Others, Specify:.....

**J. FOR OFFICIAL USE ONLY (Tick appropriately)**

Check list	Individual
Passport Photo .....	<input type="checkbox"/>
Copy of ID/Valid Passport .....	<input type="checkbox"/>
Specimen of Signature .....	<input type="checkbox"/>
Copy of Pin .....	<input type="checkbox"/>
Reg. Fee .....	

Members Class      A       B

Verified by: Name ..... Signature .....

Captured by: Input by: Name..... Signature .....

Approved by: Name ..... Signature .....