# **SHERIA SACCO SOCIETY LTD**



### FOSA PERSONAL / JOINT ACCOUNT OPENING FORM

(Attached copy of I.D)

ACCOUNT NAME										
A/C TYPE:										
Ordinary Savings	Bu	siness	Holiday	Medical		Junior		Education		
1ST APPLICANT										
Mr./Mrs./Miss/Dr./H	Ion.Justice(As	per I.D.)								
PJ/PF/MNO		GI	GENDER			DATE OF BIRTH (DD/MM/YY)				
MARITAL STATUS		NA	NATIONALITY			ID/ PASSPORT NO				
EMAIL ADDRESS		PH	PHYSICAL RESIDENCE			MOBILE PHONE NO				
POSTAL ADDRESS		РО	POSTAL CODE			TOWN				
NEXT OF KIN		RE	RELATIONSHIP			TEL. NO/ADDRESS OF NEXT OF KIN				
<b>2ND APPLICANT</b> Mr./Mrs./Miss/Dr./F			Г							
PJ/PF/MNO		GF	ENDER		DA	TE OF BIRT	TH (DD/	MM/YY)		
MARITAL STATUS		NA	NATIONALITY			ID/ PASSPORT NO				
EMAIL AD <mark>DR</mark> ESS		PH	YSICAL RESIDEN	AL RESIDENCE		MOBILE PHONE NO				
POSTAL ADDRESS		PO	POSTAL CODE		TO	TOWN				
NEXT OF <mark>K</mark> IN		RE	RELATIONSHIP			TEL. NO/ADDRESS OF NEXT OF KIN				
<b>3RD APPLICANT</b> Mr./Mrs./Miss/Dr./H	lon.Justice(As	per I.D.)								
PJ/PF/MNO			GENDER			DATE OF BIRTH (DD/MM/YY)				
MARITAL STATU	IS		NATIONALITY			ID/ PASSPORT NO				
EMAIL ADDRESS	5		PHYSICAL RESIDENCE			MOBILE PHONE NO				
POSTAL ADDRES	SS		POSTAL CODE		TOWN					
NEXT OF KIN		Sb:	RELATIONSHIP TEL. NO/ADDRESS OF NEXT O			OF NEXT OF	<sup>7</sup> KIN			
A) Employment D	oetails	-16	P. Equi	o ano						
1.Name of employ	er :									

1.Ivanie of employer.	
2. employer address,:	
3.Station:	

# B)If self employed

1. Name of business	
2. Registration number if registered	

#### **INDEMNITY CLAUSE**

I/we agree that this account shall be operated solely at the discretion of the SACCO and hereby indemnify the SACCO at my/our cost against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactory performance.

## SACCO LINK CARD APPLICATION

I authorize Sheria Sacco to issue an ATM card to my account and warrant that the information given is true and complete. I authorize you to make any enquires necessary in connection with the applicant. I accept and agree to be bound by the conditions of use, detailed below (as amended from time to time). I agree that I will be liable for all charges incurred through the use and application of this card. I understand that my application can be declined by Sheria Sacco without giving reasons to the extent permitted by law.

Issue ATM	Do not Iss	ue ATM				
Names Sign		gnature	Date	Date		
1						
FOR OFFICIAL USE						
Application Completed	and Verified By:					
Name	Designation	Sign	Date			
1.		C				
Approved By:						
Name	Designation	Sign	Date			
Endorsement Done By Sign	: FOSA Committee	Sign				
EFINITIONS OF TERMS	CONDITIONS OF USE	ND CONDITIONS SIGNATURE				
	r ordinary business in Kenya excluding Saturday, Sunday and gazette public holidays	the card may be rejected by merchants. 24HR SERVICE HOTLINE	24HR SERVICE HOTLINE			
Customer instructions" means any request or instructions from Card Sacco link" refers to the Sacco electronic debit card. Pin" means any confidential password, code or number whether iss TM" means Automatic Teller Machine. acco Cardholder " Refers to a Sacco Customer who has been issued	ued to the Sacco by the bank which may be used to access Co-op Switch network.	used telephone book. REPLACEMENT OF CARD	e reverse side of the SaccoLink Card cardholder should keep the 24hr hotline number in their mobile nur			
44hr service hotline" refers to the telephone number on the reverse OT CARD a card that is reported stolen or lost.		The Sacco shall replace lost or damaged card within 2 weeks. The cardholder will be expected to pay for the replacement of the card at a rate that may change from time to time. FORGOTTEN PIN				
NNT ACCOUNT count held jointly by two or more persons whose mandate is "Any ENERAL CONDITIONS	to sign* Accounts which required more than one signatory will not be issued with Sacco link.	CANCELLATION, STOPPAGE OF SACCOLI	If a PIN is forgotten the Cardholder shall return their SaccoLink Card to the Sacco where a replacement card will be ordered at fee. <b>CARCELLATION, STOPPAGE OF SACCOLINK CARDS AND PAYMENT</b> 1. This Cardholder must time cancel his/her SaccoLink Card by teruming it to the point of issue if the return is made by mail the card must be cit into two. 2. Payment made by means of SaccoLink debit Card is irrevocable. 3. Incase of a problem the Band/Sacco may at any time cancel and/or stop a card without notice or assigning any reason and without incurring any liability to the Cardholder until a solution is found.			
The Sacco link card is neither a credit card nor a cheque guarantee The Sacco link card is for use only at Co-op Bank ATMS, other Bank ' The Sacco Bank reserves the right to withdraw the use of Sacco link		<ol> <li>Payment made by means of SaccoLink of 3. Incase of a problem the Bank/Sacco may Cardholder until a solution is found.</li> </ol>				
	ble. ndertakes a return the card to the Sacco or Sacco Fosa on demand. purchase of goods or services prohibited by local and international law.	CHARGES	accoLink Card is operated, it shall be duty of Cardholder to return the Card immediately to the point of the service which may change from time to time. The Cardholder shall be informed of such changes by			
SE OF PERSONAL INDENTIFICATION NUMBER (PIN) The card Holder will be issued with a PIN The Cardholders shall exercise due care and attention to ensure s	afety of the card and secrete of the pin at all times and to prevent the loss of an or use of the car	LIABILITY OF A CARDHOLDER				
	amounts withdrawn by means of the Sacco Link Card using the PIN. older should change the PIN immediately on suspicion the PIN is compromised.	Neither party shall be liable for failure or d				
OST/STOLEN SACOOLINK CARD . If the SaccoLink Card is lost or stolen or misplaced the cardholder i notification must be confirmed in writing immediately and a lost/s	nust notify the Sacoo or call the number on the reserve side of the SaccoLink Service Point. Vert tolen letters of indemnity shall be signed by the Card Holder.	the explosion, earthquakes and/or other s government department, council or other				
A lost or stolen card notice shall indicate the particulars of the card date of reporting. Once the notice is received the particulars of the Incase of dispute over effective dated and time of reporting Lost/or regarded as the date of notification to the Bank.	holder including name, address, Branch that issued the card, account number, card number and Lost/Stolen SaccoLink Card will then be input on the Hol Cards lists. If theft, in relation to 1 above the time and date of receipt of the written confirmation shall be tions affection the Saccor account that is observed in a valid PIN.	AMENDMENT These terms and conditions may be amended at any time by notice from the Saccoo to the Cardholder. The Cardholder will be informed of such amendments by notice at Sacco's branches. Any such amendments shall be deemed to be effective and binding upon the Cardholder upon publication of the notice.				

- 5. The Cardholder shall give to the Bank or any persona acting on Bank's behalf all necessary assistance in any investigations, avail all information as to the circumstances of the loss or theft of the SaccoLink Card, and take all reasonable steps to assist recovery of the SaccoLink Card.
- of such a card. 7. If the report of a loss or theft of card is communicated by someone other than the cardholder, the Sacco/Bank shall not be held liable for any damages thereto.