

TERMS AND CONDITIONS

1. In regard of the terms and conditions “SACCO” refers to Kitui Teachers DT Savings and Credit Co-operative Society Limited. The terms comes into effect once the account holder opens an account with the Sacco and becomes a member.
2. Once any person opens an account with the Sacco, its deemed to have read and understood the applicable terms and conditions.
3. Valid and acceptable means of identification {Kenyan identification card, copy of recent payslip, international passport where applicable, certificate of incorporation and KRA pin in case of a business account} will be required prior the Sacco opening any account.
4. In the event where complete membership and account opening forms are submitted, the supporting documents shall be verified and once they agree with the Sacco policies and procedures, a member number and account number will be generated and issued which will be quoted in all correspondences with the Sacco relating to the account. A left thumb print shall be placed and printed on the membership and account opening forms to make the authentic.
5. The Sacco shall reference tariffs fees and charges for its products and services in the produce agreements. The Sacco reserves the right at any time and with notice impose charges or increase charges for the use of its products and services.
6. Any member using the Sacco m-banking shall be liable for all charges incurred through the use of this services. She sacco will not be liable for losses that may occur as a result of personal negligence as result of use of the m-banking facility.
7. For the purpose of understanding, Sacco link refers to the Sacco electronic debit card and ATM means automatic teller machine. Members requesting for the sacco link will be issued subject to the terms conditions.

General Conditions

The Sacco Link Card Is neither a credit card nor a cheque guarantee card and shall not be presented as such.  
The Sacco Link card is for use only at Co-op Bank ATMs, other bank Visa branded ATMs and at Visa branded merchant point of sales.

- i. The Sacco/Bank reserves the right to withdraw the use of Sacco Link card or to refuse request for authorization of any Sacco Link card transaction at any time and without prior notice.
- ii. The Sacco Link Card once Issued to the Cardholder is not transferable.
- iii. The Sacco link card is the property of the Sacco and the Card Holder undertakes to return the card to the Sacco or SACCO/FOSA on demand.
- iv. The card must not be used for any unlawful purpose, including the purchase of goods or services prohibited by local and international law.

A. Use of Personal Identification Number (PIN)

- i. The Card Holder will be issued with a pin.
- ii. The Cardholder shall exercise due care and attention to ensure safety of the card and secrecy of the PIN at all times and to prevent the loss of and or use of the card or PIN by the third party.
- iii. The Sacco Is authorized to debit the Cardholder's account with all amounts withdrawn by means of the Sacco Link Card using the PIN.
- iv. The card holder must not put the card and PIN together. The Cardholder should change the PIN immediately on suspicion the PIN is compromised.

B. Lost/stolen Sacco link card

- i. If the Sacco Link card is lost or stolen or misplaced the cardholder must notify the Sacco or call the number on the reverse side of the Sacco Link service point. Verbal notification must be confirmed in writing immediately, and a lost/stolen letter of indemnity shall be signed by the card holder.
- ii. A lost or stolen card notice shall indicate the particulars of the cardholder

including name, address, branch that issued the Card, account number, card number, and date of reporting. Once the notice is received the Particulars of the Lost/stolen Sacco Link card will then be input on the hot cards list.

- iii. In case of dispute over effective date and time of reporting loss and theft, in relation to 1 above, the time and date of receipt of the written confirmation shall be regarded as the date of notification to the bank.
- iv. The card holder shall be liable in respect of any transaction instructions affecting the Sacco account that is given with a valid PIN.
- v. The Cardholder shall give to the bank or any person 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 Sacco link card, and take all the reasonable steps to assist recovery of the Sacco Link Card.
- vi. A lost card that is recovered by the Cardholder should be returned to the nearest branch of the Sacco. The Sacco or bank has direction on approving continued use of such a card.
- vii. If the report 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.

C. Replacement of cards

The Sacco shall replace lost or damaged cards 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

If a PIN is forgotten the Cardholder shall return their Sacco Link Card to the Sacco where a replacement card will be ordered at a fee.

D. Cancellation, stoppage of Sacco link cards and payment

- i. The Cardholder may at times cancel his or her Sacco Link Card by returning it to the point of issue. If the return is made by mail the card must be cut into two.
- ii. Payments made by means of the Sacco Link debit card are irrevocable.
- iii. In case of a problem the Bank/Sacco may at 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.
- iv. On Closing of the account on which the Sacco Link card is operated, it shall be the duty of the Cardholder to return the card immediately to the point of issue.

CHARGES

The Sacco shall levy charges for the use of the service which may change from time to time. The cardholder shall be informed of such changes by notice in Sacco's Branches.

E. Liability of a cardholder

Subject to above condition, cardholders shall be fully liable in respect of each transaction instruction.

F. Acts that do not bind either party

Neither party shall be liable for failure or delay in the performance of its obligations under this agreement to the extent that such failure or delay is caused by matters beyond that party's reasonable control including but not limited to destruction arising out of war, rebellion civil commotion, strikes, lockouts and industrial disputes, fire explosions earthquake and or other seismic activity, acts of God, drought or bad weather, the unavailability or other media or other acts or orders of any government department, council or other constituted body. Notice of these circumstances shall be given to the party as soon as practicable. For as long as performances of those obligations is suspended the other party may similarly suspend performance of its obligations.

Upon the Sacco receiving notice of the demise of an individual member who is an account holder, such documents as death certificate, letter from the area chief and the burial permit shall be required as a prove. Every member shall be required to nominate the next of kin on this form who shall be allowed to manage the affairs of the account holder after demise. In case of a joint account and one of the account holders dies, the surviving account holder shall be allowed to operate the account if the mandate allows.



KITUI TEACHERS DT SACCO SOCIETY LIMITED

MEMBERSHIP APPLICATION FORM

Date 

D	D	M	M	Y	Y	Y	Y
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APPLICANT DETAILS

Full Name: (Mr./Mrs./Ms./Miss./Dr./Prof./\_\_\_\_\_

Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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 Place of Birth\_\_\_\_\_ ID/Passport No.\_\_\_\_\_

Citizenship(s)\_\_\_\_\_ Country of Residence \_\_\_\_\_

Postal Address\_\_\_\_\_ Postal Code:\_\_\_\_\_

Personal Phone No.: \_\_\_\_\_ Office No.: \_\_\_\_\_

KRAPIN No.: \_\_\_\_\_ Email:\_\_\_\_\_

Physical Residential Address:

_____ (County)	_____ (Sub- County)	_____ (Ward)
_____ (Village / Estate)	_____ (Building Name)	_____ (Street Name)

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Employer's Contact: \_\_\_\_\_

Work Station: \_\_\_\_\_ Designation \_\_\_\_\_ Payroll No. \_\_\_\_\_

Terms of Employment: (✓) Permanent ☐ Contract ☐ Temporary ☐

Next of Kin Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Recruited by: Board ☐ Staff ☐ Member ☐

Name: \_\_\_\_\_ M/No. \_\_\_\_\_

DECLARATION BY MEMBER

I, \_\_\_\_\_do hereby authorize and request Kitui Teachers Sacco Society Ltd to deduct from my pay each month until further notice Kshs. \_\_\_\_\_ to be effected immediately.

Signature _____	Left Thumb <div></div>	Date: _____
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FOR OFFICIAL USE ONLY

I hereby certify that the above member has been maintained in our records and paid the entrance fee.

Membership number: \_\_\_\_\_ Entrance Fee: \_\_\_\_\_ Receipt No. \_\_\_\_\_

Data input by: Name \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by: Name \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

NB: Requirements: (Attach ID Photocopy & Current Pay Slip)

FRONT OFFICE SERVICES ACTIVITY (FOSA)

FOSA ACCOUNT OPENING APPLICATION FORM

I, Mr./Mrs./Miss./Ms./ \_\_\_\_\_  
(Name as per ID Card in block letters)

Do hereby make an application to open an account with KITUI TEACHERS DT SACCO SOCIETY LTD

M/No. \_\_\_\_\_ P/No. \_\_\_\_\_ ID No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Physical Residential Address:

\_\_\_\_\_  
(County)                      (Sub- County)                      (Ward)

\_\_\_\_\_  
(Village / Estate)                      (Building Name)                      (Street Name)

Recruited by: Board ☐ Staff ☐ Member ☐ Name: \_\_\_\_\_

M/No. \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Left Thumb \_\_\_\_\_ Date \_\_\_\_\_



CHEQUE BOOK

Would you like to be issued with a Cheque Book? Yes ☐ No ☐

If yes, how many leaves 25 ☐ 50 ☐ 100 ☐

CARD SERVICES

Would you like to be issued with an ATM Card? Yes ☐ No ☐

MOBILE BANKING

Would you like to register for Mobile Banking Services for this Account? Yes ☐ No ☐

If Yes, enter the line to be linked: \_\_\_\_\_

FOR OFFICIAL USE ONLY

Received by: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Account opened by: Name \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Account No.: \_\_\_\_\_ Date Opened: \_\_\_\_\_

NB: Requirements: (Attach ID Photocopy)

BIOMETRIC DATA CAPTURE FORM

Branch: \_\_\_\_\_ Date: \_\_\_\_\_

To the Branch Manager,

Account name: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

ID/Passport No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

I hereby give consent for the capture of my biometric information, as indicated herein, for the purpose of identification and transactions authentication. The use of the captured information may be implemented by Kitui Teachers DT Sacco Society Ltd as and when the Sacco may see it fit.

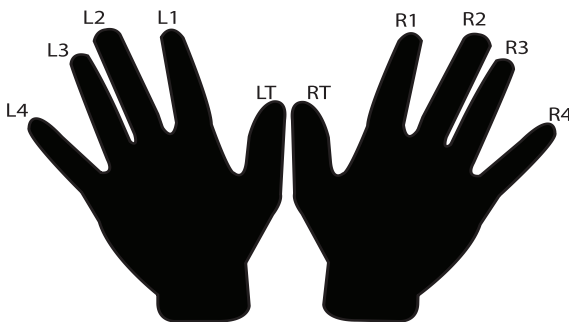
Customer Signature: \_\_\_\_\_

FOR OFFICIAL USE

Original identification document seen? ☐ (Check '✓' if seen)

Passport/ID Card No.: \_\_\_\_\_

Please check (✓) the captured fingers as labelled in the diagram alongside



LEFT HAND

LT ☐ L1 ☐ L2 ☐ L3 ☐ L4 ☐

RIGHT HAND

RT ☐ R1 ☐ R2 ☐ R3 ☐ R4 ☐

CIF update: \_\_\_\_\_

Captured by: \_\_\_\_\_ Signature: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Signature: \_\_\_\_\_