



# **UBORA REGULATED NON-WDT SACCO SOCIETY LIMITED**

UBORA SACCO LTD | P.O Box 54974-00200 NAIROBI, | Tel 254-20-6948443/305/261 | ubora@kebs.org

## **GROUP MEMBERSHIP APPLICATION FORM**

We wish to join membership as a Group in Ubora Sacco Society as per the following details:

<b>GROUP DETAILS:</b>			
Group Name:			
Postal Address:	Post Code:	Town:	Telephone No:
Mobile Number:		Email Address:	
Physical address:		Date of registration:	

<b>NUMBER OF MEMBERS:</b>		
5 to 10 <input type="checkbox"/>	Over 10 but < 100 <input type="checkbox"/>	100 or > <input type="checkbox"/>

<b>FIRST SIGNATORY</b>			
Mr. /Mrs. /Ms:	First name:	Middle name:	Last name:
ID/ Passport No:		Position in the Company / Organization:	
Nationality :			

<b>SECOND SIGNATORY</b>			
Mr. /Mrs. /Ms:	First name:	Middle name:	Last name:
ID/ Passport No:		Designation:	
Nationality :			

<b>THIRD SIGNATORY</b>			
Mr. /Mrs. /Ms:	First name:	Middle name:	Last name:
ID/ Passport No:		Designation:	
Nationality :			

<b>FOURTH SIGNATORY</b>			
Mr. /Mrs. /Ms:	First name:	Middle name:	Last name:
ID/ Passport No:		Position in the Company / Organization:	
Nationality :			

## ACCOUNT MANDATE

Signature authority or the Account Mandate: (cross or tick as appropriate)

Singly
  Either to sign
  All of us Jointly
  Any two sign
  Other, please specify.....

REFEREE	
<b>Name:</b>	
<b>Address:</b>	<b>I Ubora Member/No:</b>
<b>Certified by Referee</b> I confirm that the applicants are capable of operating an account as group membership to Ubora Sacco Society Limited	
<b>Date:</b> ..... <b>Referee's Signature:</b> .....	
AUTHORIZED SIGNATORIES & PHOTOGRAPHS	
We the undersigned request you to open an account or accounts as detailed above and at any time subsequently to open such further account(s) of whatever nature as we may direct. We confirm that all of the above details are correct and that we have read understood and agree to the attached Ubora Sacco Limited General Terms and Conditions	
1 <sup>st</sup> Signatory	2 <sup>nd</sup> Signatory
First Name	First Name
Surname	Surname
Designation	Designation
ID/Passport Number	ID/Passport Number
Mobile No.	Mobile No.
<div style="border: 1px solid black; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center;">                     Affix Passport Photo or Indicate photo no                 </div>	<div style="border: 1px solid black; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center;">                     Affix Passport Photo or Indicate photo no                 </div>
<u>Signature</u>	<u>Signature</u>
3 <sup>rd</sup> Signatory	4 <sup>th</sup> Signatory
First Name	First Name
Surname	Surname
Designation	Designation
ID/Passport Number	ID/Passport Number
Mobile No.	Mobile No.
<div style="border: 1px solid black; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center;">                     Affix Passport Photo or Indicate photo no                 </div>	<div style="border: 1px solid black; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center;">                     Affix Passport Photo or Indicate photo no                 </div>
<u>Signature</u>	<u>Signature</u>

**INDEMNITY & DECLARATION**

We understand that this account shall be operated solely at the discretion of Sacco and hereby agree to indemnify the Sacco at our cost against any loss or claim arising out of the account being closed by the Sacco without notice due to unsatisfactory performance. Membership shall be opened and operated subject to any directions that may be issued to society by its statutory regulators from time to time. The declarations given in this form by us are true and we shall be held responsible for the same at all times

**SIGNED BY:**

	NAME	SIGNATURE	DATE
1st Signatory			
2nd Signatory			
3rd Signatory			
4th Signatory			

**ACCOUNT OPENING CHECK LIST**

- |  |  |
|--|--|
| <input type="checkbox"/> Introduce reference                                 | <input type="checkbox"/> Copy of Certificate of incorporation/<br>Registration for the Group |
| <input type="checkbox"/> Signatures of all signatories                       | <input type="checkbox"/> Board resolution  |
| <input type="checkbox"/> Copy of IDs & Passport photos of all<br>signatories | <input type="checkbox"/> Minutes signed by Chairman and Secretary                            |
| <input type="checkbox"/> Copy of the group constitution<br>(certified copy)  | <input type="checkbox"/> Group KRA Pin Certificate   |

Recruited by ..... Signature ..... Date .....

**OFFICIAL USE ONLY**

Checked by..... Signature ..... Date .....

Approved by ..... Signature ..... Date .....

Account opened by ..... Signature ..... Date .....

## **GENERAL TERMS AND CONDITIONS GOVERNING THE UBORA SACCO-MEMBER RELATIONSHIP**

The relationship between Sacco and the members (member) shall be governed by the following terms and conditions including any amendments made from time to time there to and notified to the group members (the general terms and conditions), Subject to any further agreement in writing.

### **Legal capacity and enquiry**

- a) SACCO shall be entitled to make any enquiries it deems necessary in relation to the opening of an account and the group hereby authorizes SACCO to make any such enquiries.
- b) The group shall provide the SACCO with all such information and documents as the SACCO may require in terms of establishing the identity of the group members or the authorized signatories and their legal capacity to open and operate the account or as may be required Pursuant to any anti-money laundering rules and regulations by the central bank of Kenya or any other regulatory body whether in Kenya or elsewhere.

### **Terms and Conditions for Groups**

1. The Must be registered as a Group entity in the republic of Kenya or must complete registration within one month of engagement
2. Group must a minimum of at least 5 members and a maximum of 100 members, 70% of whom should be below the age of 35 years
3. All members must be above 18 years, and the group must have been in existence for at least the last 3 months
4. The group must have a physical operating zone/office within any County
5. All members must be willing to sign the group into the Ubora Sacco group saving account and must be ready to attend all proposed trainings.
6. All groups must be willing to open an account with Ubora Sacco whereby all borrowings will be channeled
7. Groups must show evidence of regular meetings in the last 3 months as well as proposed projects they will be seeking financing through loans.
8. All groups must have at least 3 office bearers who will be representing the groups in meetings and must have mandate to act on behalf of all members
9. Groups must be non-political, non-religious and non-ethnic and must never champion any of these elements
10. They must be willing to sign acceptance letter that upon receipt of loans, they will allow Ubora Sacco personnel access to evaluate performance of the projects and will accept to look at advises given thereof
11. Group members must be willing to personally guarantee the group borrowing and must be willing to personally be held liable in case of nonpayment of loans given
12. The group must borrow at least after the first 6 months of saving
13. Members of selected groups will be allowed to join the Sacco individually, save and get financing as individual's entities
14. All groups and its members must be willing (will give authority through signing) that their group/members name; logos and photos can be used by Ubora Sacco to popularize the initiative through advertising or use of any media.
15. All groups must give express authority to any government agency to investigate their business and commits to cooperate with the county Government initiatives/activities to grow youths/women financial position within the county