

# TRANS NATIONAL TIMES

P.O. BOX 2274 - 30200  
Teachers Plaza, First Floor  
Next to Divisional Police Headquarters  
Kitale, Kenya.



# SACCO SOCIETY LTD

Customer Service No: 0111050510  
Website: www.tntsacco.co.ke  
Email: info@tntsacco.co.ke

**FORM: TNT 1A**

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

## MEMBERSHIP APPLICATION

I Mr. /Miss/Mrs..... of Employer No..... ID/Passport No..... hereby apply for membership of **TRANS-NATIONAL TIMES SACCO LTD**. My monthly subscriptions are Kshs..... subject to minimum subscriptions as indicated below.

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 in written communicate changes in telephone, email and postal address.

Signature..... Date:.....

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

### 1. PERSONAL DETAILS

PERMANENT ADDRESS: ..... GENDER: .....DATE OF BIRTH.....

CURRENT ADDRESS: ..... MARITAL STATUS: .....

TELEPHONE CONTACT..... PROFESSION.....

COUNTRY.....

EMPLOYMENT STATUS (TICK WHERE APPLICABLE): PERMANENT  CONTRACT  CASUAL  SELF

COUNTY..... SUBCOUNTY .....

DIVISION..... STATION.....

LOCATION.....

DATE OF JOINING..... EMAIL.....

KRA PIN..... EMPLOYER.....

N.S.S.F NO..... EMPLOYER ADDRESS.....

N.H.I.F NO..... EMPLOYER EMAIL ADDRESS.....

EMPLOYER TELEPHONE CONTACT.....

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

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## 2. OFFICIAL USE

FOSA A/C..... SACCO MNO.....

### INTRODUCED BY:

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

### RECRUITED BY:

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

DIVISION(EDUCATION): ..... ZONE / CLUSTER.....

### TICK THE FOSA ACCOUNT TO BE OPENED

#### a) SALARY ACCOUNTS

ACCOUNT	TARGET	(Tick where Applicable)
I. PIONEER SALARY	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.	
II. JIINUE SALARY	E.C.D.E Teachers, Private School Teachers, BOM Teachers, Subordinate Staff, Security Guards, Staff from Private Firms	

#### b) AKIBA ACCOUNTS

ACCOUNT	TARGET	(Tick Where Applicable)
AKIBA	Open to all Members including Churches, Schools, Colleges, NGOs, Farmers, Business Entrepreneurs and Individuals who need to <b>save</b> for a <b>specific purpose</b>	

#### c) JUNIOUR ACCOUNTS

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

#### d) FIXED DEPOSIT ACCOUNTS

ACCOUNT	TARGET	(Tick Where Applicable)
FIXED DEPOSIT	Open to all Members who need to invest <b>Lump Sum</b> amounts for a specified <b>Fixed Term not exceeding 1 year</b>	

## 3. MINIMUM SHARE SUBSCRIPTIONS

- i. **CLASS A:** Minimum Subscription **kes.3661/=**, Target: Teachers Service Commission Employees.
- ii. **CLASS B1:** Minimum subscription **Kes.3661/=**, 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.
- iii. **CLASS B:** Minimum subscription **Kes.968/=**, Target: Security Guards, E.C.D.E Teachers, Private School Teachers, BOM Teachers, Staff from Private Firms, Retirees (i.e. Pensioners below 66 years).
- iv. **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.....



**SPECIMEN SIGNATURE/AUTHORIZATION CARD**

Account Name	M/No.		ACC No.	
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<b>1. Name</b> ..... Customer Signature..... Signed by me this day...../...../20..... ID/PP No..... Phone No.....	<b>2. Name</b> ..... Customer Signature..... Signed by me this day...../...../20..... ID/PP No..... Phone No.....
<b>3. Name</b> ..... Customer Signature..... Signed by me this day...../...../20..... ID/PP No..... Phone No.....	<b>4. Name</b> ..... 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.....

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**SACCO SOCIETY LTD**

Customer Service No:0111050510

Floor

Email: info@tntsacco.co.ke

**FORM: TNT 3**

**NOMINEE CARD**

<b>SACCO MNO.</b>																				
<b>Employment NO.</b>																				
<b>A/C NO.</b>																				

(Start filling from right)

**(PER BY –LAW NO. 15)**

Pursuant to the by-law of this society, I Mr. /Mrs./Miss.....hereby nominate:

<b>NAME</b>	<b>RELATIONSHIP TO YOU</b>	<b>CONTACTS</b>	<b>ID/BIRTHCERT/D.O.B</b>
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.

Signed.....Date .....Day.....

**WITNESSES**

1. Name.....

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

2. Name.....

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