

TRANS NATIONAL TIMES

P.O. BOX 2274 - 30200

Teachers Plaza, First Floor

Next to Divisional Police Headquarters

Kitale, Kenya.



DT SACCO SOCIETY LTD

Customer Service No: 0111050510

Website: www.tntsacco.co.ke

Email: info@tntsacco.co.ke

PAYBILL NO: 533888 ACCOUNT NO: WRITE YOUR ID NUMBER

FORM: TNT 1A - MEMBERSHIP APPLICATION

I Mr/Mrs/Ms/Others(specify)..... of Employer No..... ID/Passport No..... hereby apply for membership of **TRANS-NATIONAL TIMES DT SACCO LTD**. Monthly share contribution Yes ☐ No ☐ if yes, monthly contribution is **Ksh**..... (Compulsory for Payroll and Akiba Accounts).

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

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

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 NUMBER		PROFESSION			
EMPLOYMENT STATUS (TICK)	PERMANENT <input type="checkbox"/>	CONTRACT <input type="checkbox"/>	SELF <input type="checkbox"/>	OTHERS <input type="checkbox"/>	
COUNTRY		RELIGION			
COUNTY		SUBCOUNTY			
DIVISION		STATION			
LOCATION		EMAIL			
KRA PIN.		EMPLOYER			
NSSF NO.		EMPLOYER ADDRESS			
SHA NO.		EMPLOYER PHONE NO			

2. FOR OFFICIAL USE ONLY

KYC verification and member interview done by:

STAFF NAME:	MNO:	SIGN:
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3. OFFICIAL USE ONLY

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. PAYROLL ACCOUNT	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. PAYROLL ACCOUNT	E.C.D.E Teachers, Private School Teachers, BOM Teachers, intern teachers, Subordinate Staff, Security Guards, Staff from Private Firms.	

b) SAVINGS ACCOUNTS

ACCOUNT	TARGET	(Tick Where Applicable)
I. AKIBA SAVINGS ACCOUNT	Open to all Members who need a voluntary savings account for their personal savings outside the salaries. It accommodates business people, farmers and even salaried people.	
II. LENGO SAVINGS ACCOUNT	Open to all Members, who are geared towards building up savings to achieve dreams in life i.e. a house, piece of land, a car, going for a holiday or any other project.	
III. INSTITUTIONAL SAVINGS ACCOUNT	Designed to encourage churches, schools, welfare groups, NGO's and clan related groups to operate a convenient savings account.	
IV.MSTAAFU DAIMA SAVINGS ACCOUNT	Designed for retiring members to provide a financial stability after employment. The plan offers a structured payout scheme, combining an immediate lump-sum payment with monthly disbursements over a set period.	

c) JUNIOR SAVINGS ACCOUNTS

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

d) YIELD PLUS ACCOUNTS

ACCOUNT	TARGET	(Tick Where Applicable)
YIELD PLUS ACCOUNT	Open to all Members who need to invest Lump Sum/deposit refunds/personal deposits amounts for a specified Fixed Term that is renewable .	

4. MINIMUM SHARE SUBSCRIPTIONS

CLASS	MIN CONTRIBUTION	TARGET
A	Kes 3,700/=	TSC Employees.
B1	Kes 3,700/=	PSC Employees, MOE Officers, Disciplined Forces (Regular, Administration Police and KDF), Kenya Prison Service Wardens, KNUT/KUPPET employees, TNT Sacco Staff, TNT Sister Organizations' Staff, Diaspora Civil Servants, Others.
B	Kes 1,000/=	Security Guards, E.C.D.E Teachers, Private School Teachers, BOM Teachers, Intern teachers Staff from Private Firms, Retirees/pensioners.
C	Kes 1,200/=	Business Entrepreneurs, Women Groups, Youth Groups, Casual Labor and Students.

CHECKED BY:

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

APPROVED/VERIFIED BY:

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

FORM: TNT 1B - SPECIMEN SIGNATURE/AUTHORIZATION CARD

Account Name	M/No.	<input type="text"/>	ACC No.	<input type="text"/>
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1. Name	2. Name
Customer Signature.....	Customer Signature.....
Signed by me this day...../...../20.....	Signed by me this day...../...../20.....
ID/PP No.....	ID/PP No.....
Phone No.....	Phone No.....
3. Name	4. Name
Customer Signature.....	Customer Signature.....
Signed by me this day...../...../20.....	Signed by me this day...../...../20.....
ID/PP No.....	ID/PP No.....
Phone 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 OfficerSignature.....Date.....
(Signature and Photo)

Photo capture Officer.....Signature.....Date.....

Verified by Name.....Signature.....Date.....

FORM: TNT 3

NOMINEE CARD - (PER BY –LAW NO. 15)

SACCO MNO.																			
A/C NO.																			

(Start filling from right)

Pursuant to the by-law of this society, I Mr./Mrs./Ms./Others (specify).....hereby nominate:

SNO.	NAME	NATIONAL ID/PASSPORT	DOB	RELATIONSHIP	TELEPHONE NO.	PERCENTAGE (%) ASSIGNED
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.

MEMBERS WELFARE FUND/LAST EXPENSE RIDER

PRINCIPAL MEMBER

FULL NAME

ID NO

GENDER

DATE OF BIRTH

.....

Declare next of kin to be covered by the fund (1 spouse and 4 kids with a minimum entry age limit of 18yrs and/or 25yrs for full time students, maximum entry age 75yrs, maximum coverage age is 85yrs and strictly 1 spouse per member).

SNO.	FULL NAME	NATIONAL ID/PASSPORT NO.	DOB	RELATIONSHIP	TELEPHONE NO.
1					
2					
3					
4					
5					

M-BANKING ENROLMENT:

I do Authorize ☐ Not Authorize ☐ Trans National Times DT Sacco Limited to register my Fosa account for Mobile

Banking services and issue with me M-Banking credentials. Use my Safaricom Mobile Number.....(M-Pesa Registered). Trans National Times DT Sacco reserve the right to decline mobile banking without giving reasons to the extent permitted by the law.

Sign..... Date

Tujitegemee Kiuchumi