



HEART SAVINGS AND CREDIT COOPERATIVE SOCIETY
 P. O BOX 70000 - 00400 NAIROBI | TEL: 020 – 2390954 / 0102510592
 EMAIL: heartsacco@gmail.com or info@heartsacco.co.ke

HOLIDAY SAVINGS APPLICATION FORM

Attach the following: copy of ID and KRA PIN

[Official use only] Member No: _____ Date: _____ <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> (Allocated) (Registration date) </div>

PERSONAL DETAILS

Name: Date of Birth: ID. No.....
 PIN. No..... Sex..... Marital Status.....
 Home Address Mobile No..... Physical Location.....

EMPLOYMENT DETAILS

Employer Name..... Payroll No..... Department.....
 Employment Terms..... Mobile: Email Address.....
 Designation: Duty station:

SELF EMPLOYED

Business Name: Business Type.....
 Physical Location..... Phone number..... Email.....

BANK DETAILS

Bank Name: Branch: A/c. No:

NEXT OF KIN (WARITHI)

I authorize the undersigned, upon my demise whilst a member of the society to be paid all amounts due to me less any debts to the society. I understand that I may alter the name of nominated next of kin by filling in a subsequent member update form.

	NAME	RELATIONSHIP	D.O.B	Mobile No.	% assigned	ID/No.
1.						
2.						
3.						
4.						
					Total	100%
						Should add up to 100%

MONTHLY CONTRIBUTION

I authorize my employer to deduct from my monthly pay Kshs..... as my Heart Sacco Society Limited Holiday Savings contribution with effect from (Month).....

If the next of kin is a minor the following is the Trustee

NAME	RELATIONSHIP	D. O. B	Mobile No.	ID/No.

MEMBERSHIP TERMS

An applicant shall be registered and shall qualify for rights once the following are met:

- I. Deposits into this account for a minimum period of 12 months before any withdrawal can be done.
- II. The minimum balance is KES 500
- III. The minimum interest earning balance is KES 2,000,
- IV. The interest earned is 4% p.a.

(Refer to member policy for more details)

I confirm that I have read, understood and complied with all the membership terms and conditions as contained in the by-laws and the particulars I have given are true to the best of my belief.

** Note * the signature below will be used by the Sacco for all transaction in my Account*

APPLICANTS SIGNATURE
(INSIDE THE BOX)

Date:

FOR OFFICIAL USE ONLY

Registration Done by: Sign: Date

Approved/Not Approved by Sacco Manager:Sign: