Haco Sacco Society
P.O. Box: 43903 - 00200
Email: info@hacosacco.co.ke
Web: www.hacosacco.co.ke

PASSPORT PHOTO HERE

MEMBERSHIP REACTIVATION FORM

Member No: .....

I, hereby make an application for member account reactivation and agree to conform and abide by the Society's by-laws, internal rules and regulations, and amendments thereof.

Complete all the necessary sections in block letters and attach the following documents: I.D copy, KRA PIN copy, and one recent colored passport photo.

1. APPLICANT'S DETAILS		
Full Names (As Per ID):		
Date of Birth:	Occupation:	ID No:
Marital Status: ☐ Married	☐ Single	☐ Others
Mobile No 1:	Mobile No 2:	
Personal Email Address:		
Postal Address:	Postal Code:	Town:
KRA PIN:	Residence:	
Bank Name:		
Bank Account No:		
Bank Branch:		

2. EMPLOYMENT DETAILS		
Name of Employer:		
Employee No:	Designation:	
Telephone:	Mobile:	
Date of Employment:		
Office Email Address:		
Postal Address:	Postal Code:	Town:
Terms of Employment (Permanent /Temporary /Contract):		
If Contract / Temporary, Indicate Period:		

3. BUSINESS /SELF-EMPLOYMENT DETAILS		
Nature /Type of Business:	Location:	
Name of Business:		
Telephone:	Mobile:	
Email:		
Postal Address:	Postal Code:	Town:
Expected Monthly Income:	☐ 0 – 20,000	☐ 20,001 – 50,000
	☐ 50,001 – 100,000	☐ Over 100,000

4. REMITTANCE TO THE SOCIETY DETAILS

I hereby authorize Haco Savings and Credit Cooperative to deduct KShs ..... monthly deposit contribution from my salary and or any other mode (s) of remittance indicated below. This is effective from ..... until further notice.

In addition, I understand there is **KShs 1,000** reactivation fee to be deducted from my initial remittance and a monthly insurance fee based on my total outstanding deposits and loans to be remitted to Haco Savings and Credit Cooperative.

Payroll Deduction:	☐
Bank Standing Order:	☐
Direct Debit Mandate:	☐
Internal Standing Order (Lipa na MPESA):	☐

5. CONTACT PERSON DETAILS (FILL OUT THE NOMINEE\ BENEFICIARY FORM)

NEXT OF KIN (FULL NAME (S)) (CONTACT PERSON)	RELATIONSHIP	ID NO	ADDRESS	MOBILE NO
1.				

6. INTRODUCED BY (REFEREE)

NAME (S)	ID NO	MEMBER NO
1.		

REFEREE'S SIGNATURE: ..... **DATE:** .....

APPLICANT'S SIGNATURE: ..... **DATE:** .....

7. FOR SOCIETY USE ONLY

NAME	SIGNATURE
(1) Captured By:	
(2) Verified By:	
(3) Approved By:	

GENERAL MEMBERSHIP TERMS AND CONDITIONS

ADMISSION TO MEMBERSHIP

a) To qualify for the rights and obligations of membership an applicant shall have attained the following:
- **i.** Pay KShs 1,000.00 membership fee.
- **ii.** Paid at least 500 shares of KShs 10,000.00

b) Minimum Monthly deposit contribution KShs 1,000.00

c) Membership qualifications.
- **i.** Must be within the field of membership as prescribed**.**
- **ii.** Has attained the age of 18 years.
- **iii.** Must be of good character and sound mind.
- **iv.** Pays the entrance fee and share capital as prescribed.

d) The Society shares are non-refundable**.**

e) The Board of Directors may refuse admission to the membership of the Society to any person and assign the reasons for such decision. The applicant has the right to appeal to the next General Meeting.

f) Termination of Membership; The Membership in the Society shall cease with effect from the date of –
- **i.** Death.
- **ii.** Voluntary Withdrawal.
- **iii.** Expulsion.
- **iv.** Being certified insane.
- **v.** Transferring all shares to another member.
- **vi.** Ceasing to hold a qualification for membership as specified.

g) A member of the SACCO Society may at any time withdraw from the membership by giving at least sixty (60) days of written notice to the Board of Directors.

h) Partial withdrawal of non-withdrawable deposits from the Society shall not be allowed under any circumstances.

i) An Annual General Meeting may expel a member following a recommendation by the Board of Directors, or upon discussing the member's conduct on the floor of a General Meeting.

EMAIL INDEMNITY

I, the member, do authorize within the framework of the functioning of Haco SACCO that Email/bulk SMS instructions (if opted for) will be acted upon without any other written confirmation unless instructed otherwise.

In consideration, of the Society acting in accordance with the terms of this indemnity, I undertake to indemnify the Sacco against any incident that might arise upon execution of such orders and that the I acknowledge and am fully aware and is cognizant of the various risks inherent and associated with communication and instruction through email/bulk SMS transmission and am fully prepared to accept such risks and that it is not in the interest of Haco SACCO to assume such risks that have far-reaching consequences, provided that the Sacco acts in good faith except where they arise through willful negligence of the Sacco.

Such instruction will only originate from a prescribed email address whose instructions shall be complied with until otherwise advised in writing.

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 knowledge.

NAME: ..... ID NO: .....

SIGNATURE: .....