0SACCO

Trans Nation Sacco Ltd.

Committed to serve

TN ELIMISHA APPLICATION FORM

THE CHIEF EXECUTIVE OFFICER
TRANS-NATION SACCO LTD
P.O. BOX 15
CHUKA.

MEMBERSHIP NO: ...……..…

DATE: ……

AUTHORITY TO DEDUCT TOWARDS TN ELIMISHA SAVINGS FUND

I the undersigned authorize you to deduct Kshs…… **(in words)** ……. only from my salary/Account and remit the same to TRANS NATION SACCO LTD being my contribution towards the above **FUND** with effect from……/……/……for a period of……Years maturing on……../……/…….

EMPLOYMENT/MEMBER NUMBER…….....

NAME**……...**

ID NO ……..MOBILE.NO. ……DATE OF BIRTH**…….....**

Email address ……..……

EMPLOYER **……..……..**

WORK STATION**……..……**

DESIGNATION **……..……**

WORK STATION ADDRESS**……**HOME ADDRESS**……..**

INFORMATION FOR THE NOMINATION OF BENEFICIARY

BENEFICIARY NAME	RELATIONSHIP	AGE

DECLARATION.

I ……..…. of I/D No. ……...……do hereby confirm that the information provided herein and the disclosures made are true. I have understood the general terms and conditions and I authorize TRANSNATION SACCO SOCIETY LTD to be deducting Kshs ……... Per month towards my TN ELIMISHA savings fund.

Signature of the member…… Date: …….....

MODE OF DEDUCTION (TICK APPROPRIATELY)

1. EMPLOYER CHECKOFF ☐ **2. STANDING ORDER** ☐ **3. CASH** ☐

GENERAL TERMS AND CONDITIONS

Please read and understand the conditions below before signing this form.

1. The member shall make monthly deposit premiums with a minimum of 500/= per month.
2. The monthly premiums are calculated based on one's expected terminal benefit.
3. The minimum saving period is 3 years.
4. The fund will earn interest at a rate of 6% p.a prorated for a period up to 5 years and 8% p.a prorated for a period of 6 years and above.
5. The fund plus all interest will be refunded to the contributor on maturity or to the nominated beneficiary upon demise of the principal member.
6. For premature withdraw, the member will forfeit 50% of the interest earned if the saving period is more than half the contractual period. In case where the saving period is less than half the contractual period, all the interest earned shall be forfeited.
7. Partial withdraw is allowed upon maturity and the member can continue to save for the fund if they so desire.

FOR OFFICIAL USE ONLY

Recommendations:

Amount per month Kshs: ……... (In words)……

Period to contribute: ……..…….

Certified by: ……..……..……DESIGNATION: ……..

Signature:……..……..… Date: …….

Approved by……..Signature……Date……

NB Please attach one latest payslip (those in employment)and I/D photocopy.