

Terms and Conditions

WHO CAN JOIN MWALIMU NATIONAL SACCO

- Employees of Teachers Service Commission in Post Primary and Tertiary institutions, TSC Secretariat and Mwalimu SACCO Society staff.
- Employees of Teachers Service Commission in Primary schools with academic qualifications at the level of Diploma and above.
- Employees of Teachers Service Commission in Primary schools with academic qualifications below Diploma level maybe admitted into membership by the Board on their own merit.
- Former members currently working in Government Ministries/Departments or other Institutions already having check-off facilities with the Society.
- Spouses of members in formal employment where the employer shall have check off facilities with the society.
- Lecturers in public and private universities.
- Teachers with academic qualifications at the level of Diploma and above employed in educational related institutions that shall have check-off facilities with the Society.
- Members children above the age of 18 years in formal employment where the employer shall have check off facilities with the society.

CONDITIONS OF USE OF ATM CARD DEFINITIONS OF TERMS

- The Sacco refers to the Mwalimu cooperative society.
- The bank refers to the cooperative bank of Kenya Ltd.
- Branch means a branch of the Mwalimu Sacco
- Business day means day on which bank are normally open for ordinary business in Kenya excluding Saturday Sunday and gazetted public holidays.
- Customer instructions mean say request or instructions from the card holder to the Sacco or bank.
- Sacco link refers to the Saccoelectron debt card.
- Pin means any coincidental password, code or number whether issued to the Sacco by the bank or adopted by the Sacco and accepted by the bank which may be used to access co-op switch network.
- ATM means automatic teller machine.
- Sacco card holder refers to a Sacco customer who has been issued with an ATM card together with a corresponding personal identification number (pin).
- Transaction fees these are the ATM transaction charges. 24hr service hotline refers to the telephone number on the reverse side of the Sacco-link card.
- HOTCARD. A card that is reported stolen or lost.

JOINT ACCOUNT

Account held jointly by two or more persons whose mandate is any sign accounts which requires more than one signatory will be issued with Sacco link.

GENERAL CONDITIONS

- The Sacco link card is neither a credit card nor a cheque guarantee card and shall not be presented as such.
- The Sacco-link card is for use only at co-op bank ATMs, other banks visa branded ATMs and at visa branded merchant point of sales.

- The Sacco/bank reserve the right to withdraw the use of Sacco-link card or to refuse request for authorization of any Sacco-link card transaction at any time and without prior notice.
- The Sacco-link card once issued to the card holder is not transferrable.
- The Sacco-link card is the property of the Sacco and the card holder undertakes to return the card to the Sacco/FOSA on demand.
- The card must not be used for any unlawful purpose, including the purpose of goods or services prohibited by local and international law.

USE OF PERSONAL IDENTIFICATION NUMBER (PIN)

- The card holder will be issued with a pin
- The card holder shall exercise due care and attention to ensure safety of the card and secrecy of the pin at all times and to prevent the loss of and or the use of the card or pin by any third party.
- The Sacco is authorized to debit the cardholder's account with all the amounts withdrawn by means of the Sacco-link card using the pin.
- The cardholder must not put the card and pin together. The cardholder should change the pin immediately on suspicion the pin is compromised.

LOST/STOLEN SACCOLINK CARD

- If the Sacco-link card is lost stolen or misplaced, the cardholder must notify the Sacco or call the number on the reverse side of the Sacco-link service point. Verbal communication must be confirmed in writing immediately; and a lost/stolen letter of indemnity shall be signed by the cardholder.
- A lost or stolen card notice shall indicate the particulars of the cardholder including name, address, branch that issued the card, account number, card number and date of reporting. Once the notice is received the particulars of the lost/stolen Sacco-link card will then be input on the hot card list.
- In case of dispute over effective date and time of reporting the loss or theft, in relation to 1 above, the time and date of the receipt of the written confirmation shall be regarded as the date of the notification to the bank.
- The card holder shall be liable in respect of any transaction instructions affecting the Sacco account that is given with a valid pin.
- The cardholder shall give to the bank or any other person acting on bank's behalf all necessary assistance in any investigations, avails all information as to the circumstance of the loss or theft of the Sacco-link card, and takes all reasonable steps to assist recovery of the Sacco-link card.
- A lost card that is recovered by the cardholder should be returned to the Sacco nearest branch of the Sacco. The Sacco or bank has discretion on approving continued use of such a card.
- If the reporter of a loss or theft of card is communicated by someone other than the card holder, the Sacco/bank shall not be held liable for any damages there to.

SIGNATURE

The cardholder should sign on the panel provided on the reverse of the card on receiving the card.

The signature should be similar to that on the national ID otherwise the card may be rejected by the merchants.

24HR SERVICE HOTLINE

The card 24hr hotline number is found on the reverse side of the Sacco-link card. Cardholders should keep the 24 hour hotline number in their mobile number or frequently used telephone book.

REPLACEMENT OF CARDS

The Sacco shall replace lost or damaged cards within 2 weeks. The cardholder will be expected to pay for the replacement of the card at a rate that may change from time to time.

FORGOTTEN PIN

If the pin is forgotten the cardholder shall return their sacco-link card to the Sacco where a replacement pin will be ordered at a fee.

CANCELLATION, STOPPAGE OF SACCOLINK CARDS AND PAYMENTS

- The cardholder may at anytime cancel his/her Sacco-link card by returning it to the point of issue. If the return is made by mail the card must be cut into two.
- Payments made by the means of the Sacco-link debit card are irrevocable.
- In case of a problem the bank/Sacco may at anytime cancel and/ or stop a card without notice or assigning any reason and without incurring any liability to the cardholder until a solution is found.
- On closing of the account on which the Sacco-link card is operated, it shall be the duty of the cardholder to return the card immediately to the point of issue.

CHARGES

The Sacco shall levy charges for the use of the service which may change from time to time. The cardholder shall be informed of such changes by notice in Sacco's branches.

LIABILITY OF A CARDHOLDERS

Subject to above condition, cardholders shall be fully liable in respect of each transaction instructions.

ACTS THAT DO NOT BINDEITHER PARTY

Neither party shall be liable for failure or delay in the performance of its obligations under this agreement to the extent that such failure or delay is caused by matters beyond that party's reasonable control including but not to destruction arising out of war, rebellion civil commotion, strikes, lockouts and industrial disputes, fire explosion earthquake and or other seismic activity, acts of God, flood, drought or bad weather, the unavailability or other media or other acts or orders of any government department, council or constituted body. Notice of these circumstances shall be given to the other party as soon as particable. For so long as performance of those obligations is suspend performance of its obligations.

AMMENDMENT

These terms and conditions may be amended at any time by notice from the Sacco to the cardholder. The cardholder will be informed of such amendment by notice at Sacco's branches. Any such amendments shall be deemed to be effective and binding upon the cardholder upon the publication of the notice.

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MEMBERSHIP APPLICATION FORM

FORM NO. MN-1a

Please fill the form in CAPITAL letters

Attach the following documents:

Copy of National ID/Passport

Loyalty Measure

Introduced by (Name) _____

Members Number _____ TSC / PF Number _____

THREE (3)
PASSPORT
PHOTOS

A. MEMBERSHIP APPLICATION

Applicant's Personal Details

Full name of the applicant: _____

National ID/Passport Number: _____ KRA PIN: _____

Date of Birth (D.O.B): _____ DD/MM/YYYY Gender: M F Religion: _____

Mobile Phone: _____ Email: _____

Postal Address: P.O. Box _____ Code: _____ Town: _____

County: _____ Delegate Branch: _____

Permanent Address: _____ Code: _____ Town: _____

Declaration if the applicant is a spouse/child of an existing member:

I _____ TSC/PF number: _____

M/No _____ being a member of the Society hereby do confirm that the above named applicant is my legal

husband/wife/child and I recommend him/her to join as a member.



Applicant's Employment Details

Name of Employer: _____

Institution/School/Dept: _____ TSC/PF/Employment Number: _____

Nature of Employment: Permanent Contract Designation _____

P.O. Box: _____ Code: _____ Town: _____ County: _____

Office Cell/Tel. Phone Number: _____ Office Email: _____

Do you have any physical disability? Yes No

FOSA Bank Account details

Preferred Nearest Mwalimu SACCO FOSA Branch: _____

FOSA Bank A/c Number F O R O F F I C I A L U S E _____

Specimen Signatures:**Have you been a member of Mwalimu National SACCO before?**

YES NO

Contact person in case of an emergency:

_____ Relationship: _____

P.O. Box: _____ Code: _____ Town: _____ Cell/Tel. Number: _____

B. ATM CARD APPLICATION

Do you wish to be issued with an ATM Card? YES NO

If YES, sign the following declaration.

I/We authorize Mwalimu National Sacco to issue an ATM card to my/our account and warrant that the information given above is true and complete. I/We authorize you to make any enquiries necessary in connection with the application. I/We accept and agree to be bound by the conditions of use, detailed overleaf (as amended from time to time). I/We agree that I am/we will be liable for all charges incurred through the use of this card. I/We understand that my/our application can be declined by the society without giving reason(s) to the extent permitted by law.

Applicant's signature: _____ Date: _____ DD/MM/YYYY

C. MOBILE BANKING

Do you wish to be registered on mobile banking: YES NO

If YES, give your personal mobile (**Safaricom**) telephone no, _____ and sign the following declaration.

I authorize Mwalimu National Sacco to register my Mobile Telephone number and warrant that the information given above is true and complete. I authorize you to make any enquiries necessary in connection with the application. I accept and agree to be bound by the conditions of use, detailed overleaf (as amended from time to time). I agree that I will be liable for all charges incurred through the use of this service. I understand that my/our application can be declined by the society without giving reason(s) to the extent permitted by law.

Applicant's signature: _____ Date: _____ DD/MM/YYYY

D. BURIAL BENEVOLENT FUND (BBF) MEMBERSHIP APPLICATION (COMPULSORY)

Declare the next **of Kin** to be covered by the fund

Spouse (s):

Name: _____ Date of Birth (D.O.B): _____ DD/MM/YYYY

Name: _____ Date of Birth (D.O.B): _____ DD/MM/YYYY

	Own children	Date of Birth		Own parents	Date of Birth
1		DD/MM/YYYY	1		DD/MM/YYYY
2		DD/MM/YYYY	2		DD/MM/YYYY
3		DD/MM/YYYY			
4		DD/MM/YYYY			
5		DD/MM/YYYY			
6		DD/MM/YYYY			
				Parents-in-law	Date of Birth
			1		DD/MM/YYYY
			2		DD/MM/YYYY

Authority to make deductions from the salary:

I _____ of TSC/PF number _____ hereby authorize you to deduct Kshs _____ from my monthly salary and pay to Mwalimu National Savings & Credit Co-operative Society limited with effect from the month of _____ 20____ until further notice, Kshs. 150/= for BBF and Kshs 300/- towards payment of the Risk fund. Please deduct Kshs. 2050/= entrance fee along with the shares contribution.

FOR OFFICIAL USE ONLY

We have checked and confirmed that all the information given above is correct

Admitting Officer:..... Sign:.....

Confirmed by (supervisor): Sign:

Date of admission: