SOS SACCO

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MEMBER DATA CONSENT FORM

PERSONAL INFORMATION:

NAME:			
MEMBER NO:			
ID NUMBER:			
DATE OF BIRTH:	DD	MM	YYYY
POSTAL ADDRESS:			
EMAIL ADDRESS:			
KRA PIN:			

SPECIMEN SIGNATURE:

MOBILE PHONE NO: _____

I hereby request that you activate my mobile banking. I confirm that the phone number provided is registered in my name with Mpesa.

I would like to subscribe to the following services; kindly ✓ tick the applicable

☐ Cash Withdrawal/Deposit ☐ Mobile Loan ☐ Utility Payment

☐ Balance Enquiry ☐ Mini-statement ☐ Other Services

Indemnity:

I hereby agree that as long as the Sacco acts in compliance with this Authorization, the Sacco shall be irrevocably and unconditionally indemnified and held harmless in full by me against any costs, claims, losses or liabilities of any nature (direct or indirect or consequential) resulting from any act or omission in connection with the subject of this Authorization, including but not limited to any act or omission (or any delay) on the Sacco's part in responding to instructions received by Sacco.

Signature: _____ Date: _____

OCCUPATION/ BUSINESS INFORMATION: *(Fill Where Applicable)*

EMPLOYER:		WORK STATION:	
BUSINESS TYPE:		BUSINESS LOCATION:	

SPOUSE INFORMATION: *(Where Applicable)*

SPOUSE NAME:	
SPOUSE IDENTIFICATION NO:	
SPOUSE PHONE NO:	

CONTACT PERSON INFORMATION: *(Where applicable)*

NAME:	
IDENTIFICATION NO:	
MOBILE NO:	
RELATIONSHIP WITH SELF:	

DECLARATION, TERMS & CONDITIONS:

1. I hereby grant SOS Sacco Ltd (herein referred to as the "Sacco") and all its third-party processors, the authority to process my personal information/ data, including for the following purposes:
   - To comply with lawful requirements related to Know Your Customer (KYC)
   - To provide me with the products/services such as Sacco cards (Membership, Debit Card), Fund transfers, Mobile & online transactions, and Cheque Books.
   - Receiving marketing communications from the Sacco relating to its products and services, as well as for products and services from its partners, which may be of interest to me.
   - To process transactions related to the Sacco's cheques and cash services
   - To be used (if need be), to manage my loans and advances
   - To be used (if need be), to process my refunds and other dues
   - For reporting my account status to the Sacco's supervisory/regulatory authorities.
2. I'm aware that Sacco's legitimate interests must process personal data/ information to render a personified service to all my respective requests.
3. I'm aware that the personal data will be retained for as long as required by applicable laws and regulations.
4. I hereby consent to the requested data purposes and willingly provide the requested information to the Sacco. I hereby also authorize the Sacco and/or its service providers and/or affiliates and/or partners lawfully to use my data provided.
5. I have read and understood the terms and conditions set out above governing the use of my biodata gathered herein and shared with SOS Sacco, and we hereby accept them:

Name: ……. ID NO: .....
Signature: …….

For official use only.

DATA CAPTURED CHECKLIST: *(Tick appropriately)*

Official Stamp:

MEMBER'S PHOTO	
MEMBER'S ID (FRONT PAGE)	
MEMBER'S ID (BACK PAGE)	

RECEIVED BY:	**Staff Name:**	**Signature:**	**Date:**
VERIFIED BY:	**Staff Name:**	**Signature:**	**Date:**