

APPLICATION FOR AUTHORIZATION

1. **Name of SACCO Society:**

C.S. No.....

Date of Registration.....

2. **Location of Registered Office**.....

3. **Physical Address of Head Office:** L.R. No

Street..... Building

4. **Postal Address** Postal Code.....

Telephone No..... P.I.N. No.....

E-mail Address.....

5. **Specified non-withdrawable deposit taking business the Sacco is engaged in;**

- Non-withdrawable deposit taking Sacco business where members deposits equal to or exceed KShs 100 million
- Non-withdrawable deposits where registration and mobilization of share capital is through digital or other electronic payment platforms
- Non-withdrawable deposit taking Sacco business where deposits and shares mobilization is by persons ordinarily resident outside the country.

6. **Names of places of business in Kenya and the number of years each has been established and has conducted or carried out business**

No.	Name of Place of Business	Name of Town, or Trading Centre or Market Centre where Branch is Located	County where branch is located	Year of Establishment
1.				
2.				
3.				

NB: Attach to this application a list of other places of business. Provide name of the place of business, state whether it is a satellite, mobile unit etc.

7. **Former name(s), if applicable, by which the SACCO society has been known**

- 1.....fromto.....
- 2.....fromto.....
- 3.....fromto.....
- 4.....fromto.....

8. Details of Capital

(a). Paid-up value (Equity) Kshs(b). Core capital Kshs

9. List and types of the Subsidiary of the SACCO Society ((This section is MANDATORY))

	Name of the Subsidiary	Type of the subsidiary (Company or Co-operative Housing, Investment etc.)	Total SACCO Society's shareholding in the subsidiary	Names Directors of the Subsidiary	Director's Position in the SACCO Society
1					
2					
3					

10. Particulars of Officers, Officials and Office Bearers (This section is MANDATORY):

a) Directors

List the Full Names of all the Directors, officials or office bearers of the SACCO Society including the date they assumed office; gender and year of Birth.

PARTICULARS OF DIRECTORS, OFFICIALS AND OFFICE BEARS OF THE SACCO SOCIETY							
	Full Names of the Directors	Designation	Date of Assumption of office as Director	Gender i.e. Male or Female or Female	Year of Birth	Current Place or Institution of work or employer of Director; or place and nature of business	Personal Telephone Number of Directors
1							
2							
3							
4							
5							
6							
7							

8							
9							

b) Supervisory Committee

List the Full Names of all the members of the Supervisory Committee of the SACCO Society including the date they assumed office; gender and year of Birth

PARTICULARS OF MEMBERS OF SUPERVISORY COMMITTEE OF THE SACCO SOCIETY							
	Full Names of the Directors	Designation	Date of Assumption of office as Director	Gender i.e. Male or Female	Year of Birth	Current Place or Institution of work or employer of Director; or place and nature of business	Personal Telephone Number of Directors
1							
2							
3							
4							

c) Senior Management (This section is MANDATORY).

List the particulars of ALL Senior Management Officers in the SACCO Society clearly stating their designations; Highest Academic qualification, Professional Qualifications and Date of Appointment to current position in the table below.

PARTICULARS OF SENIOR MANAGEMENT AND OFFICERS OF THE SACCO SOCIETY								
	Full Names of the Officer	Designation	Date of Appointment to Current Position	Gender i.e. Male or Female	Year of Birth	Highest Academic Qualifications (e.g. Bachelors, or Masters or Diploma Certificate etc.)	Professional Qualifications (e.g. CPS, CPA, Advocate etc.)	Personal Telephone Number of Directors
1								
2								
3								
4								
5								
6								
7								
8								

d) Former Senior Management who left the service of the Sacco Society in the last twelve (12) Months (This section is MANDATORY).

List the names of the former Senior Management Officers who left or quit the service of the SACCO Society in the last twelve (12) months and the reasons for leaving the service of the Sacco Society.

PARTICULARS OF SENIOR MANAGEMENT AND OFFICERS OF THE SACCO SOCIETY					
	Full Names of the Officer	Immediate Former Designation at exit	Gender i.e. Male or Female	Last Date of employment with the SACCO	Brief reason for the Officers exit from the service of the SACCO Society e.g. contract expired, retired, resigned, dismissed etc.
1					
2					

3					
4					
5					

11. Particulars of external auditors of the SACCO Society for current year

List the particular details of the external auditors of the SACCO Society for the current financial period in the following table;

PARTICULARS OF THE EXTERNAL AUDITORS OF THE CURRENT YEAR			
Full Names of the External Auditors of the SACCO Society	Postal and Physical Address or Location of the offices of External Auditor	Number of Partners in the External Audit Firm	Telephone Number of the External Auditor

12. Names of Bankers and their Address (This section is MANDATORY) Provide the particulars of ALL the SACCO Society's Bankers.

PARTICULARS OF BANKERS AND BANK ACCOUNTS OF THE SACCO SOCIETY				
	Bank Name	Branch Name	Account Number(s)	Nature of Account e.g. overdraft, current, settlement etc.
1				
2				
3				
4				
5				
6				
7				
8				

13. Has the SACCO Society ever been put under receivership or made any compromise or arrangement with its creditors or otherwise failed to satisfy creditors in full?.....

If so, give particulars

.....

.....

14. Is the SACCO Society under investigation by an inspector or other authorized officer of any government ministry, department or agency, professional association or other regulatory body or has any investigation ever taken place in the affairs of the SACCO society?.....

If so, give particular.....

.....

15. Is the SACCO Society currently engaged or does it expect to be involved in any litigation which may have a material effect on the resources of the SACCO Society?

If so, give particulars

.....

.....

DECLARATION

We, the undersigned, being officers of the SACCO Society, declare that to the best of our knowledge and belief, the information contained herein and any attachments is complete, accurate and true.

a) Chairman

(Name).....

Signature..... Date.....

b) Chief Executive Officer

(Name).....

Signature.....Date.....

DECLARED AND WITNESSED BEFORE ME:

.....

COMMISSIONER FOR OATHS/MAGISTRATE

THIS DAY OF.....20.....

Notes:

This application must be accompanied by all the relevant documents and requirements prescribed in the Act and these Regulations. It must be declared and witnessed before a Commissioner for Oaths or Magistrate to verify the correctness, accuracy and veracity of the disclosures therein