



## HARAMBEE DT SACCO SOCIETY LTD

Harambee Co-op Plaza, Haile Selassie Avenue, Nairobi. P O. Box 47815-00100, Nairobi.

Pilot Line 0709-943000

Website: [www.harambeesacco.com](http://www.harambeesacco.com) Email: [info@harambeesacco.com](mailto:info@harambeesacco.com)

## SHARE CAPITAL PURCHASE FORM

I, the undersigned member of HARAMBEE DT Sacco Society, hereby apply to purchase additional or fresh share capital as detailed below;

### 1. PERSONAL DETAILS

Full name: \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_  
Member No. : \_\_\_\_\_ Physical address: \_\_\_\_\_  
Personal / Service No. \_\_\_\_\_  
National ID/Passport No. \_\_\_\_\_ KRA PIN: \_\_\_\_\_  
Employer : \_\_\_\_\_ Work Station: \_\_\_\_\_  
Date of birth (dd/mm/yy): \_\_\_\_\_ E-mail: \_\_\_\_\_

### 2. SHARE CAPITAL PURCHASE DETAILS

I wish to subscribe Kshs \_\_\_\_\_ as HARAMBEE DT SACCO shares.

Amount in words Kshs \_\_\_\_\_

Mode of payment :

☐ Check-off deductions

☐ Paybill (525200)

☐ M-Cash

☐ Standing order or Direct Debits

☐ Cash (Over the counter)

☐ Transfer from Loan applied

### 3. DECLARATION & AUTHORITY

I confirm that the information given above is true to the best of my knowledge and agree to abide by the By-laws of Harambee DT Sacco Society. I understand that the share capital amount that I have purchased is not withdrawable and that share capital can only be transferred to other members of Harambee DT Sacco as per the society's By-Laws. The Sacco shall pay annual dividends on share capital as approved by the Annual Delegates meeting.

I hereby indemnify the Sacco against any losses that may occur as a result of this share capital purchase transaction. Further, I willingly provide the above personal information and consent to its use as prescribed in the Harambee DT Sacco Data Protection Policy (the policy is available on the Harambee DT Sacco website, [www.harambeesacco.com](http://www.harambeesacco.com) and in any of our branches).

In case of checkoff deduction, I authorize Harambee DT Sacco to effect monthly deductions of Kshs \_\_\_\_\_ from my salary from \_\_\_\_\_ for \_\_\_\_\_ months.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Official Use

Effected By: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_