

CIVIL SERVICE MEMBERSHIP APPLICATION FORM

PART A. APPLICANT'S PERSONAL DETAILS

BRANCH:

First Name.....Other Names.....Surname.....
 Sex: Female Male Marital Status: Married Single Widowed Divorced
 Phone Number.....Date of Birth.....
 Contact Address.....
 Permanent Address: Village.....T/A.....District.....
 Identification (**Valid ID: NRB, Passport & Driver's License**) ID Type..... ID Number.....

APPLICANT'S EMPLOYMENT DETAILS

Name of Employer
 Workstation.....
 Employment Number.....Profession (Job Title).....
 Employer's Mailing Address.....
 Monthly Deduction: Shares K.....Deposits K..... Welfare Fund K.....

NOTE: Minimum Shares: K12,000|Deposits: K3,000|Welfare Fund: K1,000|Service Fee: K2,650

NORMINATED KINS. (if there are more than one. Allocate the percentage)

Full Name.....
 Date of Birth..... Sex: male female
 Relationship..... Allocation (in percentage)% Phone
 Number (If not a Minor)

Full Name.....
 Date of Birth..... Sex: male female
 Relationship..... Allocation (in percentage)%
 Phone Number (If not a Minor)

PART B – WELFARE FUND PREMIUM COVER

The member will be contributing a monthly welfare fund premium of **MK1,000** and will be able to cover up to 7 persons under them in the event of death only. This fee is non-refundable at any given time. **Welfare Fund Cover amount, MEMBER = K1,000,000 | SPOUSE = K750,000 | CHILDREN = K600,000 | PARENTS = K150,000.**

DECLARED FAMILY MEMBER

	Full Names	Date of Birth	Relationship	Mobile No.
1				
2				
3				
4				
5				
6				
7				

Main Beneficially			Contingent Beneficially		
Full Name			Full Name		
Date of Birth		Phone No.	Date of Birth		Phone No.
Relationship			Relationship		

Note: There is a 6 months period in case of natural death from the date of the first premium

DECLARATION BY THE PROPOSER AND LIFE ASSURED

To the best of your knowledge, are you in good health? YES NO If no, please explain.....
 I/We the person/s by whom the Assurance is to be affected, declare that to the best of my knowledge and belief: I/We am/are in good health, free from disease and disability or symptoms thereof.

PART C – UCS MOBILE REGISTRATION

PHONE NUMBER

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UCS MOBILE TERMS AND CONDITIONS

Since UCS Mobile is a service. Terms and condition for the use of the service have to be present. These terms and conditions are made available to members via the UCS mobile application forms. Below are the terms and conditions for using the service by the members.

GENERAL

1. UCSS may at any time amend these terms and conditions. Any amendment will not constitute a novation of this agreement.
2. You shall not vary any of these terms and conditions.
3. You agree that we may sue in any court of competent jurisdiction.
4. A favour or concession we may give you will not affect any of our rights against you.
5. These terms and conditions are governed by Malawi law
6. You must notify UCSS if you are under an administration order, sequestration or any other form of insolvency.
7. We will not be responsible to you for any indirect, consequential or special damages arising from any act or omission by UCSS or any third party for whom we are responsible and whether arising in contract, statute or tort.
8. We are obliged by Law to regularly update your personal particulars, such as your current residential address and contact information. We may contact you from time to time in this regard.
9. All copyright, trademarks and other intellectual property rights used as part of our Services or contained on our documents are owned by UCSS or its licensors. You agree that you acquire no rights thereto.
10. You accept that all transactions effected on your mobile device are subject to other Terms and Conditions available on our website or from our Call Centre.

SANCTIONS

1. Any abusive and/or fraudulent usage of a SACCO Mobile Money Wallet and any false declaration may be punished by the Laws in place in Malawi.
2. Any abusive and/or fraudulent usage of a SACCO Mobile Money Wallet and any false declaration may also lead UCSS to suspend temporarily or in definitively rights to access to SACCO Mobile Money services.
3. Any cost engaged by UCSS in recovering transactions and undue payments made by the wallet user will be borne by the user.
4. Any fee that could not have been debited from the user's Wallet due to a fraudulent usage will be recovered with an additional legal interest rate.
5. Any transaction or action from the user on his/her SACCO Mobile Money Wallet triggering a malfunction of the system and requiring a technical intervention will be charged to the user.

CUSTOMER RESPONSIBILITIES

1. It is the responsibility of the UCS mobile owner to ensure that he/she provides accurate personal information to UCSS. To this end, the wallet owner undertakes to UCSS that any information is true and correct and that he/s he is obligated to provide any additional information that is required from time to time. Failing will result in suspension or closure of your account. As a member I am supposed to fill the correct data because the SACCO will not be held liable for any transaction arising from wrong information.
2. The Wallet Owner will be responsible for payment of all applicable fees for any transaction effected using Your SACCO Mobile Money Wallet whether these were made by you or someone else with or without your authority or knowledge.
3. You must not use the Service to commit any offence(s); Fraud and Money Laundering and any other financial offence that is not accepted under the laws of the country or contravenes the Electronic Payment Act and the Money Laundering regulation Act of Malawi, 2011.

4. In the event of damage, loss or theft of the SIM, you are obliged to inform UCSS immediately of such damage, loss or theft. UCSS will then disable the SACCO account linked to your lost or stolen SIM Card so as to prevent possible use of the Services until the SIM card has been replaced. To report a damaged, lost or stolen SIM card, you can call the Customer Call Centre on the number 3087 or visit the nearest UCSS Service Centre.
5. Any transaction or action from the user on his/her UCS Mobile account triggering a malfunction of the system and requiring a technical intervention must be reported to UCSS Call Centre.
6. The PIN CODE provided to me is for transacting on UCS SACCO facility and must be memorized and not written down anywhere. I am the sole owner of the pin and any transaction arising from third party assistance through transfer of funds to third parties which may lead to loss of funds or fraud in my account is liability of me as member and not that of the SACCO, and that the SACCO will not take responsibility for any reversals.

Note that any loss incurred during this period will be a personal liability for which UCSS shall not be responsible.

1. The UCS Mobile account owner will be responsible for all fees and charges in replacing damaged or lost SIM card and communication cost in your report of the damage to, loss or theft of Your SIM card.
2. You must comply with any instructions that UCSS may issue from time to time about the use of the UCS Mobile Money Services.
3. the terms and conditions including The UCS Mobile Policy which can be downloaded from our website www.ucssacco.com or collected from any Branch or satellite office

ACKNOWLEDGEMENT

I hereby apply for Membership, Funeral cover, and UCS Mobile, agreeing to conform to the Byelaws and any Amendments thereof.

Signature..... Effective Date.....

INTRODUCTORY LETTER RECEIVED: YES NO

WHO CONVINCED YOU TO JOIN UNITED CIVIL SERVANTS SACCO?

- | | |
|--|---|
| 1. UCS Sacco Staff: _____ | 4. Tv/Radio Advert <input type="checkbox"/> |
| 2. UCS Sacco Member: _____ | 5. Self-Registration <input type="checkbox"/> |
| 3. SMS Advert <input type="checkbox"/> | 6. Phone Call <input type="checkbox"/> |
| 4. Social Media <input type="checkbox"/> | |

Sketch Map (Current home to your Branch Service Centre)

Specimen Signature

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OFFICIAL USE ONLY

Opened By:		Certified By:	
Signature:	Date:	Signature:	Date:
Member Account Number			