DAIMA SACCO LIMITED

AGENT APPLICATION REQUIREMENTS

AGENT MINIMUM REQUIREMENTS

The following are the requirements for appointment as an authorized DAIMA SACCO LTD AGENT

1) **GENERAL REQUIREMENTS**

a) Prospective agent must be registered as a **LIMITED** company / **SOLE PROPRIETORSHIP** or equivalent

b) The business **MUST** have traded for a minimum period of 1 year

c) Proposed outlets shall be inspected prior to commencement of business

d) Application fee of Ksh.500 per new outlet

2) **MINIMUM CAPITAL**

The agent will be required to invest Ksh.50, 000.00 float per outlet. This may however vary depending on the location and clientele base. This amount deposited will be available to the agent through their float account at any time. Successful agents will be required to deposit the money once training and outlet set-up is done.

3) **TECHINICAL REQUIREMENT**

The agent should have the following equipment to ensure that operations are conducted in a professional manner:

a) Smart phone with enough processing power and memory
b) Agent should avail himself/herself for training before commencement of the business.
c) Should have a contact mobile phone

He should ensure the following items are provided for by Daima Sacco Ltd:

d) A full time internet line
e) A transaction record book
f) Mobile Smart phone
g) Agent manual
h) Transaction Charges list

4) PREMISES AND THEIR MAINTAINANCE

Business locations on the ground floor will be most suited. Daima Sacco Ltd agent must conform to specified branding and merchandising standards. The minimum branding requirements will be supplied to you on commencement of the business. The agent should ensure that the premises hosting his/her outlet are branded immediately after commencement of the business.

5) **LIST OF REQUIREMENTS**

NOTE: Both the original & Certified copies of documents required below must be presented	
Requirements for the Business Entity: **SOLE PROPRIETORSHIPS**	
Clear copies of PIN CERTIFICATE	
Latest business permits *(If not previous permit and a receipt of payment for current year)*	
Clear copies of ID	
Two photos of each outlet applied *(Inside photo capturing where agency banking will be done & general outside photo of outlet)*	
2 Official Business references for the business entity	
Sketch Map for business location	
Two passport photos of the person in charge of Agency Banking	
Certificate of good conduct/ Receipt of proof of payment of person in charge of Agency Banking	
Requirements for the Business Entity: **LIMITED LIABILITY COMPANIES**	
Certificate of incorporation	
2 Years Audited Accounts	
Clear copies of PIN/ VAT CERTIFICATE of the company	

A brief company profile *(Include the business history, branches & number of employees)*	
Latest business permits *(If not previous permit and a receipt of payment for current year)*	
Clear copies of ID	
Two photos of each outlet applied *(Inside photo capturing where agency banking will be done & general outside photo of outlet)*	
2 Official Business references for the business entity	
Two passport photos of the person in charge of Agency Banking	
Certificate of good conduct/ Receipt of proof of payment of person in charge of Agency Banking	
Sketch Map for business location	

Company name:……

Checked By:…….. Signature:…….

Designation:…….. Date:……..

Status of Application

☐ Accepted ☐ Denied (Tick As Appropriate)

Reasons for Decline :……

Applicants Name……. Signature…… Date…….

AGENT APPRAISAL FORM FOR SOLE PROPRIETOR

GENERAL INFORMATION

1. Name…… ID no ……

2. Mobile phone no …… Postal address ……..

3. KRA Pin no ……..

4. Location of the place of business …… Building ……

5. County of origin ……Sub county …….

Location …… Sub location …….Village ……

6. Type of business …….

7. Number of years the entity has carried out the commercial activity ……

8. Business permit no ……

9. Highest level of education attained ……

10. Borrowings

Name of borrower	**Name of lending institution**	**Year disbursed**	**Amount of loan**	**Current outstanding balance**	**Performance status**	**Other remarks**

11. Are the funds to start the business obtained from money laundering activities or any other criminal act? Yes/No …….

12. Source of funds:

……

ADDITIONAL INFORMATION

13. Have you at any time been convicted of any criminal offence?

……
…….

If so, give particulars of the court in which you were convicted, the offence, the penalty imposed and the date of conviction

……
…….

……
…….

14. Have you ever been dismissed from any office or employment or been subject to disciplinary proceedings or action by any professional authority, body or persons?

……

If so, give particulars

……
……....

15. Have you ever been held liable by a court, in any country, for any fraud or other misconduct?

If so, give particulars

……
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……
……

16. Indicate names, addresses, telephone numbers and positions of two individuals of good standing who would be able to provide a reference on your personal and professional integrity. The referees must not be related to you, and should have known you for at least the last three (3) years and are hailing from the same locality as yourself.

NAME OF REFEREE	COMPANY	POSITION	POSTAL ADRESS	TOWN	TEL NO	MOBILE NO

17**. DECLARATION**

I am aware that it is an offence to knowingly or recklessly provide any information, which is false or misleading in connection with an application for an agent banking approval in Kenya. I am also aware that omitting material information intentionally or un-intentionally may lead to rejection of my application.

I certify that the information given above is complete and accurate to the best of my knowledge, and that there are no other facts relevant to this application of which the supervisory authority should be aware. I, also, undertake to make known any changes material to the application which arise while the application is under consideration.

Name: ……

Title in the entity: ……

Signed: ……

Dated at …… this ……. Day of …… 20 ……

WITNESSED BEFORE ME:

SIGNED …….. (Witness)

COMMISSIONER FOR OATHS/MAGISTRATE

AGENT APPRAISAL FORM FOR LIMITED LIABILITY COMPANY

GENERAL INFORMATION

1. Name…… ID no ……

2. Mobile phone no …… Postal address ……..

3. KRA Pin no ……..

4. Location of the place of business …… Building ……

5. County of origin …….Sub county …….

Location …… Sub location …….Village ……

6. Type of business …….

7. Number of years the entity has carried out the commercial activity ……

8. Business permit no ……

9. Particulars of the owner(s) (directors/ partners/ proprietors)

Name of director	Designation	Nationality	Date of birth	ID no	Address/phone no,

Has any director been convicted of a crime?.....

If yes, Give reasons……

……

10. Number and names of related business outlets

Name of outlet	province	Contract person/telephone number

11. Name of bankers

_____
_____
_____
_____

12. DECLARATION

a) I/we, the undersigned, declare to the best of our knowledge and belief, that the information contained herein and any other attachments us complete and accurate.

a) Owner (Proprietor/ Partner / Director)

(Name and Designation)……

Signature …….

Date……..

b) Owner (Partner/ Director) or witness

(Name and Designation)……

Signature …….

Date……..

WITNESSED BEFORE ME:

SIGNED …….. (Witness)

COMMISSIONER FOR OATHS/MAGISTRATE

(FILL THIS APPLICATION FORM FOR EACH OUTLET TO BE APPLIED FOR)

AGENCY – OUTLET APPLICATION FORM				
BUSINESS NAME	POSTAL ADDRESS	TOWN	BUILDING	STREET
COUNTY	SUB COUNTY		CONSTITUENCY	
COMMERCIAL ACTIVITY IN SURROUNDING AREA			CURRENT BANKERS	

WORKING HOURS			
MONDAY-FRIDAY	SATURDAY	SUNDAY	HOLIDAYS

DOES THE LOCATION HAVE SECURITY	**YES**	**NO**
CONTACT PERSON NAME	PHONE NUMBER	ID NUMBER