KINGDOM LIFE SACCO SOCIETY LIMITED

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"Transforming Lives, Unlocking Destinies"

EMAIL INSTRUCTIONS AUTHORIZATION AND INDEMNITY FORM

Date: _____ / _____ / _____

PART A: MEMBER DETAILS

Member Name: _____

Membership No.: _____

National ID/Passport No.: _____

Registered Mobile Number: _____

Authorized Email Address: _____

PART B: MEMBER AUTHORIZATION

I hereby authorize Kingdom Life SACCO Society Limited ("the SACCO") to receive and act upon eligible written instructions transmitted from my Authorized Email Address stated above, including signed scanned documents where applicable.

I understand that the SACCO may rely on instructions received from this email address, subject to its verification procedures and internal policies.

This authorization shall remain valid until I revoke it in writing and the revocation has been acknowledged by the SACCO.

PART C: MEMBER DECLARATION

I acknowledge and agree that:

☐ The Authorized Email Address provided above belongs to me and will be used for communication and authorized instructions to the SACCO.

☐ I am responsible for maintaining the confidentiality and security of my email account and associated passwords.

☐ I shall immediately notify the SACCO in writing if my email account is compromised, inaccessible, or if I wish to change my Authorized Email Address.

☐ I understand that the SACCO may verify any instruction received through email by telephone confirmation, One-Time Password (OTP), identity verification, signature verification, or any other security procedure it considers appropriate.

☐ The SACCO reserves the right to refuse, delay, or decline any email instruction where authenticity cannot reasonably be established or where fraud, error, or unauthorized activity is suspected.

☐ I understand that not all transactions may be accepted through email and that the SACCO may require certain transactions to be completed through other approved channels.

☐ I acknowledge that electronic communication carries inherent risks, including transmission delays, interception, cyber threats, or technical failures beyond the SACCO's reasonable control.

PART D: INDEMNITY

In consideration of the SACCO accepting instructions transmitted from my Authorized Email Address, I agree to indemnify and hold harmless the SACCO against any direct loss, claim, liability, cost, or expense reasonably incurred as a result of acting in good faith upon instructions received from my Authorized Email Address.

This indemnity shall not apply where any loss arises from the fraud, gross negligence, willful misconduct, or failure of the SACCO to comply with its own approved security procedures.

PART E: ELECTRONIC RECORDS AND DATA PRIVACY

I acknowledge and agree that:

- ☐ Electronic records maintained by the SACCO relating to email communications, instructions, and transactions shall be accepted as evidence of the instructions received and the actions taken by the SACCO, unless proven otherwise.
- ☐ The SACCO shall process my personal information in accordance with applicable data protection laws and its internal Data Protection and Privacy policy.

PART F: MEMBER CONFIRMATION

I confirm that I have read, understood, and voluntarily accepted the contents of this Authorization and Indemnity Form.

Member Name: _____

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Verification

☐ Member identity verified

☐ Email address confirmed

☐ Mobile number confirmed

☐ Signature matches SACCO records

☐ Additional verification completed (if applicable)

Remarks:

Verified by:

Name: _____

Designation: _____

Signature: _____

Date: _____

Approved by:

Manager: _____

Signature: _____

Date: _____