CONFIDENTIAL

MUDETE FACTORY TEA GROWERS CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LTD

РНОТО

P.O. BOX 221-50104 KHAYEGA, TEL. 0791331932 / 0794515407

FRONT OFFICE SERVICE ACTIVITY (FOSA)

APPLICATION TO OPEN A PERSONAL/JOINT SAVINGS ACCOUNT

A. MEMBERSHIP APPLICATION

I/We the undersigned hereby apply to open a savings account to be styled as follows:

	APPLICANT'S DETAILS NoMember No		
D.O.B	Marital Status	Gend	er
P.O Box	Telephone	Alt Phone No	
Personal/MDNo	KRA PIN:	County	
Sub-County	Village	Account Type	>
Email:	Contac	et Person Name	
		Introduced by:	
	IDNo		
C. <u>MOBILE BANKIN</u>	_		
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D. <u>DECLARATION</u>			
D. <u>DECLARATION</u>			
D. <u>DECLARATION</u> Indemnity Clause: "I ag	ree that this account shall be op CCO at my cost against any loss	erated solely at th	e discretion of the SACCO a
D. <u>DECLARATION</u> Indemnity Clause: "I ag thereby indemnify the SA	ree that this account shall be op	erated solely at th s incurred or clain	e discretion of the SACCO a
D. <u>DECLARATION</u> Indemnity Clause: "I ag hereby indemnify the SA being closed without not	ree that this account shall be op CCO at my cost against any loss	erated solely at th s incurred or clain	e discretion of the SACCO a
D. <u>DECLARATION</u> Indemnity Clause: "I ag hereby indemnify the SA being closed without not Yours faithfully,	ree that this account shall be op CCO at my cost against any loss	erated solely at th s incurred or clain rformance.	e discretion of the SACCO and arising out of the account
D. DECLARATION Indemnity Clause: "I ag hereby indemnify the SA being closed without not Yours faithfully, Full Name(s) Witness(s)	ree that this account shall be op CCO at my cost against any loss fice because of unsatisfactory pe Signa Signa	erated solely at the sincurred or claim rformance. atureature	e discretion of the SACCO and arising out of the account Date Date
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D. DECLARATION Indemnity Clause: "I ag hereby indemnify the SA being closed without not Yours faithfully, Full Name(s) Witness(s) A/C No.: FOR OFFICIAL USI Checked & Opened By: Recommend/Not Recomm	ree that this account shall be op CCO at my cost against any loss fice because of unsatisfactory pe Signa M/No	erated solely at the sincurred or claim rformance. ature b Signature:	e discretion of the SACCO at arising out of the account Date Date ID/No Date:
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Attach the following documents

- 1. National Identity Card / Group certificate of registration (Photocopy).
- 2. 2 Recent Passport size Photographs.