

MEMBERSHIP & ACCOUNT OPENING APPLICATION FORM

*Please Complete Your Details in Capital Letters

*Attach a Copy of your National I.D or Passport

*Attach a Copy of KRA PIN

MEMBER NO.

.....

1. DETAILS OF THE APPLICATION (Tick where appropriate)

Full Name (As per I.D)

Marital Status: **Single** ☐ **Married** ☐ GENDER: **Female** ☐ **Male** ☐

Date of Birth.....

I.D No./ Passport No. Nationality

County..... Location.....

Postal Address..... Postal Code..... Town

Physical Residence..... Mobile Phone Number.....

Email Address KRA PIN NO.....

2. EMPLOYMENT/COMPANY DETAILS

Self Employed ☐ Salaried ☐

Name Telephone No.....

Postal Address Postal code..... Town.....

Occupation/ Designation..... **Staff/payroll no./Grower No.**.....

Physical Location

3. NEXT OF KIN DETAILS

NAME	ID NUMBER	PHONE NO	%	RELATIONSHIP

4. CONTRIBUTION DETAILS

I wish to make a monthly contribution of ksh.

Effective date (dd/mm/yy)

Proposed mode of remittances check off ☐ standing order ☐ cash deposit ☐

Have you ever been a member of Setyon Sacco Ltd in the past, if YES provide Membership NO.....

Have you ever been a member of another Sacco..... which one.....

5. FOSA ACCOUNT DETAILS (Tick where appropriate)

I hereby apply for an account as follows;

Ordinary savings A/C ☐ Business A/C ☐ Minor A/C ☐ Fixed A/C ☐

6. OTHER SERVICES (Tick where appropriate)

Issue ATM card ☐ Mobile Banking Facility ☐ SMS Alerts ☐

7. DECLARATION

I confirm that the information given above is true to the best of my knowledge. By signing on this form, I request you to open an account in my name(s) provided. I agree to abide by the by-laws of this society.

I agree that this account shall be operated solely at the discretion of the society and hereby indemnify the society at my cost, against any cost incurred or claims arising out of the account.

Applicant's Signature..... Date.....

8. FOR OFFICIAL USE

A/C NO..... Date of Admission

Created by Date.....

Approved by FOSA Manager.....

Signature