



UFANISI DT SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

(FRONT OFFICE SERVICE ACTIVITY)

COMPLETE THIS FORM IN BLOCK CAPITALS

1. APPLICATION TO OPEN A PERSONAL/JOINT SAVINGS ACCOUNT

I/we the undersigned hereby apply to open a Savings Account to be styled as follows (Name).

My/Our particulars are as detailed here below:

DATE OF BIRTH (DD/MM/YYYY): _____ GENDER _____ MARITAL STATUS: _____

BOSA MEMBER NO. _____ FOSA ACCOUNT NO. _____

DATE OF BIRTH (DD/MM/YY) _____ GENDER _____ MARITAL STATUS _____

DATE OF BIRTH (DD/MM/YY) _____ GENDER _____ MARITAL STATUS _____

ID NO. _____ KRA PIN NO. : _____ E-MAIL ADDRESS: _____

ID NO. _____ KRA PIN NO. : _____ E-MAIL ADDRESS: _____

ID NO. _____ KRA PIN NO. : _____ E-MAIL ADDRESS: _____

MOBILE NO. (SAFARICOM) _____ OTHERS _____

POSTAL ADDRESS: _____ POSTAL CODE: _____

CURRENT RESIDENTIAL AREA: _____

BANK NAME: _____ BANK ACCOUNT No.: _____ BANK BRANCH: _____

EMPLOYER: _____ STATION/SECTION: _____ STAFF NO. /PAYROLL NO.: _____

EMPLOYERS' ADDRESS _____ DEPARTMENT: _____

NATURE OF BUSINESS: _____ BUSINESS NAME _____

BUSINESS LOCATION: _____

2. Indemnity Clause "I/WE agree that this account shall be operated solely at the discretion of the SACCO and hereby indemnify the SACCO at my/our cost against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactory performance.

FULL NAME(S) (1) _____ SIGNATURE OF APPLICANT: _____ DATE _____

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3. FOR SOCIETY USE ONLY

FOSA ACCOUNT OPENED ON: _____ **FOSA ACCOUNT NO.** _____

OPENED BY: _____ **OFFICIAL SIGNATURE:** _____