



WE ARE ISO 9001:2015 CERTIFIED

JOINT ACCOUNT OPENING FORM

FOR OFFICIAL USE ONLY

Membership Number Customer ID Date

I/we wish to open an account at Kimisitu Sacco and undertake to comply, observe and be bound by the General Terms and Conditions in force from time to time governing the operation of accounts with Kimisitu Sacco

TYPE OF ACCOUNT

☐ Current ☐ Savings ☐ Other (Specify)

PERSONAL ACCOUNT HOLDER

Account Name

1st APPLICANT

Full Names as per ID: (Mr./Mrs./Miss./Rev./Prof./Dr)

ID /Passport No..... KRA P.I.N

Date of Birth Nationality

Tel/Mobile Postal address

Occupation(specify)

Email Address

Place of residence(Estate, Name of Town, Street, Nearest landmark)
.....

Designation:

Next of Kin Relationship.....

Tel/Mobile

2nd APPLICANT

Full Names as per ID: (Mr./Mrs./Miss./Rev./Prof./Dr)

ID /Passport No..... KRA P.I.N

Date of Birth Nationality

Tel/Mobile Postal address

Occupation(specify)

Email Address

Place of residence(Estate, Name of Town, Street, Nearest landmark)
.....

Designation:

Next of Kin Relationship.....

Tel/Mobile

3rd APPLICANT

Full Names as per ID: (Mr./Mrs./Miss./Rev./Prof./Dr)

ID /Passport No..... KRA P.I.N

Date of Birth Nationality

Tel/Mobile Postal address

Occupation(specify)

Email Address

Place of residence(Estate, Name of Town, Street, Nearest landmark)
.....

Designation:

Next of Kin Relationship.....

Tel/Mobile

4th APPLICANT

Full Names as per ID: (Mr./Mrs./Miss./Rev./Prof./Dr)

ID /Passport No..... KRA P.I.N

Date of Birth Nationality

Tel/Mobile Postal address

Occupation(specify)

Email Address

Place of residence(Estate, Name of Town, Street, Nearest landmark)
.....

Designation:

Next of Kin Relationship.....

Tel/Mobile

ATM SERVICES

* Do you have an ATM card?

Yes

No

If yes please indicate the card No.

Would you like to link this account to above indicated card?

Yes

No

* If you do not have an ATM Card, would you like to be issued with an ATM card?

Yes

No

I hereby confirm that the information given above is correct and I admit My acceptance to the ATM terms and conditions governing ATM

Name:

.....

Signature:

.....

Date:

.....

INTRODUCED BY

Signature of Applicant

.....

Date

.....

Member Introduced by

.....

Member No

.....

DECLARATION

I/ We confirm that:

a) The information I/ We have provided herein and the disclosures made are true; and

b) I/We have received, read and understood the general terms and conditions of the SACCO and undertake to comply, observe and be bound by the same

Names in full(BLOCK LETTERS) OF Authorised Signatories/ Directors/ Partners	National ID/ Passport No.	Specimen Signatures

ACCOUNT OPENING CHECK LIST

Original ID's/Pass

ID's/Passport copies obtained

Application Details completed

Specimen Signature obtained

Photo taken, signature scanned

ATM services data keyed in

SMS banking data keyed in

Signed terms and conditions

TERMS AND CONDITIONS SIGNED

I / We confirm that I / We have checked that all the above details have been completed in accordance with KYC procedures and that relevant documents are attached. I / We confirm acceptance of this customer relationship with Kimisitu Sacco

FOR OFFICIAL USE ONLY

Verified by:

.....

Signature

.....

Processed by:

.....

Signature

.....

Date:

.....