

BOSA APPLICATION FORM

REGISTRATION NUMBER POSTAL ADDRESS	REGISTRATION DA
	REGISTRATION DA
POSTAL ADDRESS	
POSTAL ADDRESS	
PHYSICAL ADDRESS	
EMAIL ADDRESS TELEPHONE (PREF	FERABLY MOBILE NUM
FILL IN PHYSICAL LOCATION OF BUSINESS & PHYSICAL ADDRESS	
MODE OF REMMITANCES	
MODE OF REMMITANCES I hereby authorize you to deduct KshsMonthly Deposits Contribution and Ksl	shs Sho

1st Signatory		2 nd Signatory		
First Name		First Name		
Surname		Surname		
Designation		Designation		
ID/Passport Number		ID/Passport Number		
Mobile No.		Mobile No.		
		Signature		
Signature				
	Affix Passport Photo or Indicate photo no		Affix Passport Photo or Indicate photo no	
3rd Signatory		4th Signatory		
First Name		First Name		
Surname		Surname		
Designation		Designation		
ID/Passport Number		ID/Passport Number		
Mobile No.		Mobile No.		
Signature				
	Affix Passport Photo or Indicate photo no	Signature	Affix Passport Photo or Indicate photo no	
(Tick appropriately) Signing Instructions				
Any one] Any two	Any three	☐ Any four	
Other				
TO SAFARICOM SACCO LTD				
I/ We agree that this account shall	be operated solely at the	e discretion of the SACCO o	and hereby agree to indemnify the SAC	
			e because of unsatisfactory performance	
			month year 20 c	
which we accept.				
1st Signatory	:	2 nd Signatory		
3rd Signatory	d Signatory4 th Signatory			