



ACCOUNT APPLICATION FORM

SAFARICOM SACCO SOCIETY LIMITED (FOSA SECTION)

APPLICATION TO OPEN A CORPORATE ACCOUNT.

Please complete this form in block CAPITAL letters.

I/We wish to open the following account and undertake to comply, observe and be bound by the terms and conditions and Tariffs made by the SACCO in force and as amended from time to time pertaining to such accounts per the General Terms and conditions.

Account Name _____

Account Number

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Type of account (Tick appropriately)

	Savings Account	Others (Specify)
Society		
Company		
Partnership		
Sole proprietorship		

ACCOUNT DETAILS

Organizations' particulars are as detailed here below;

Postal Address	Postal Code	Town
Telephone Office	Email	c/o (Where applicable)
Nature of Business		
Physical address	Street/Road	Building
Date of incorporation	Certificate of incorporation Number	
KRA PIN	Associate Company	

Income Range 0-10000 10,001 – 50,000 50,001-100,000 100,001 and over

Other Accounts currently held with us or with other Banks

Bank Name:	Branch	Account No
Bank Name:	Branch	Account No

1 st 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 pass port Photo or Indicate photo no	Affix pass port 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		Signature	
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> Affix pass port Photo or Indicate photo no </div>		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> Affix pass port Photo or Indicate photo no </div>	

(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 discretion of the SACCO and hereby agree to indemnify the SACCO against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactory performance.

I/We confirm having read and understood the General terms and conditions this day _____ month _____ year 20_____ and which we accept.

1st Signatory _____ 2nd Signatory _____

#rd Signatory _____ 4th Signatory _____

For Official Use Only

Customer information check list	<input type="checkbox"/>	Mandate signatures Obtained	<input type="checkbox"/>
Valid identification documents	<input type="checkbox"/>	Photographs obtained/captured and authenticated	<input type="checkbox"/>
Customer contact information available	<input type="checkbox"/>	Customer contact information available	<input type="checkbox"/>

BRANCH: SCC/JCC

Account opened by: Name: _____ Signature/Stamp: _____

HEAD OFFICE:

Account Authorised by: Name: _____ Signature/Stamp: _____

