STAWISHA SACCO SOCIETY LIMITED

APPLICATION TO OPEN INDIVIDUAL/ A CORPERATE 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 | | | | | | | | | | | | | | | | | | | | |

Type of account**(Tick appropriately)**

	Savings Account	Others(Specify)
Society		
Company		
Partnership/Group		
Sole proprietorship		

Postal Address	**Id number**	**Postal Code**	**Town**
Date of Birth	**County**	**Sub county**	**Location**
Id Number			
Contact Person	**Date of birth**	**Id number**	**Cell phone**
Telephone	**Cell phone**	**Email**	**c/o(Where applicable)**
	Nature of Business		
Physical address		**Street/Road**	**Building**
Date of incorporation		**Certificate of incorporation Number**	
KRAPIN		**Associate Company**	

ACCOUNTDETAILS

Organizations'/ individual particulars are as detailed here by

Income Range0-10000 **10,001–50,000** **50,001-100,000** **100,001andover**

MANDATORY REQUIREMENT

1) **Photocopy of ID card**
2) **KRA Pin Certificate**
3) **Minutes in case of groups certified from DSDO office**
4) **Registration certificate/certificate of incorporation**
5) **Individual/Group colored passports**
6) **Passport size photo (colored)**
7) **Introduction letter from institution**

1 Signatory		2 Signatory	
First Name		First Name	
Surname		Surname	
Designation		Designation	
ID/Passport Number		ID/Passport Number	
Mobile No.		Mobile No.	
Signature	Affix pass Port Photo	**Signature**	Affix pass port Photo

3rdSignatory		4thSignatory	
First Name		First Name	
Surname		Surname	
Designation		Designation	
ID/Passport Number		ID/Passport Number	
Mobile No.		Mobile No.	
Signature	Affix pass port Photo or Indicate photo no	**Signature**	Affix pass port Photo or Indicate photo no

TO BE SIGNED BY THE OUTGOING SIGNITORIES(INCASE OF CHANGE OF SIGNITORIES)

NO	NAME	DISIGNITION	ID NUMBER	CELL PHONE	SIGNATURE
1					
2					
3					
4					
5					
6					

TO STAWISHA SACCOLTD

I/Weagreethatthisaccountshallbeoperatedsolelyatthediscretionofthe SACCOandherebyagreetoindemnifythe SACCOagainstanylossincurredorclaim s arising out of the account being closed without notice because of unsatisfactory performance.

I/We confirm having read and understood the General terms and condition this day_____ month_____ year20_____ and Which we accept.

Signing instructions/mandate: _____

1st Signatory _____ 2nd Signatory _____

3rd Signatory _____ 4th Signatory _____

_____

For Official Use Only

Customer Information Checklist	☐	Mandate signatures Obtained	☐
		Photographs obtained/captured and	☐
Valid identification documents	☐	Authenticated Customer contact information available	☐
Customer contact in formation available	☐		

Account Checked & Verified by by: Name: _____ **Signature/Stamp:** _____

HEADOFFICE:

Account Opened & Authorized by: Name: _____ **Signature/Stamp:** _____