



P.O.BOX 857-20200 KERICHO. Email: info@ndegechaisacco.co.ke. Website: www.ndegechaisacco.co.ke

**ACCOUNT OPENING/MEMBERSHIP APPLICATION FORM**

To: The Chairman Ndege Chai Sacco Ltd Date.....

**A: I hereby make application for membership and agree to confine to Society's By-laws and amendments thereof.**

**1. PERSONAL DETAILS.**

Full Name.....

Marital Status.....Date of Birth.....

ID/Passport/No.....Mobile. No.....

County..... Sub location..... Asst Chief and Tel.no.....

Nominee.....ID No.....Relationship.....Address.....

Recruited by.....Signature.....

**2. OCCUPATION DETAILS**

Employer.....

E/F/D .....

Address.....

Date employed.....CR. NO.....

3.I .....hereby authorize you to deduct every month Kshs.....from salary and pay Ndege Chai Sacco Ltd w.e.f .....I hereby give an undertaking that this instruction will only terminate with knowledge and written approval of the Chairman.

Name..... Signature.....

**B. I hereby make a request to open a Savings Account at Ndege Chai Fosa with the above details**

**INDEMNITY**

I agree that this account shall be operated solely at the discretion of the Society and hereby agree to indemnify the Society at my cost against any loss or claims arising out of the account being closed by the Society without notice due to unsatisfactory performance.

Yours faithfully

Full name.....Member no.....Signature.....

**FOR OFFICIAL USE ONLY**

Received by Name.....Signature.....Date.....

Account number ..... Copy of Id attached

Customer Care Officer..... Photo/Signature captured

Customer Relations Officer..... Confirmed

FOSA Manager .....Approved

Date .....Personal details filled

Signature of Account holder

Verified by Audit .....Date.....



**NDEGE CHAI**

**A world Class Financial Institution**

**NDEGE CHAI SACCO SOCIETY LIMITED**

**P.O BOX 857-20200 KERICHO**

**Website: [www.ndegechaisacco.co.ke](http://www.ndegechaisacco.co.ke)**

**E.MAIL: [info@ndegechaisacco.com](mailto:info@ndegechaisacco.com)**

**MOBILE NO: (+254)052- 30121 / 20 - 155**

Affix passport-sized photo

Here

**M-NDEGE CHAI APPLICATION FORM**

I.....ID NO ..... Request to be registered for M-NDEGE CHAI service for Ndege Chai Sacco Society Limited.

Mobile No :

Full Names : .....

ACCOUNT NO : .....

Date : .....

Branch : .....

**OFFICIAL USE ONLY.**

Received by: Name-----Sign-----

Date -----

Captured by: Name-----Sign-----

Date -----

Checker Name-----Sign-----

Date-----

Verified by: Name-----Sign-----

Date-----

**Declaration by Applicant :**

*I hereby apply for M-NDEGE CHAI service from Ndege Chai Sacco Society Limited . I declare that the information given above is true and complete and I authorize you to make enquiries in connection with this application. We shall not be responsible in case of loss of PIN/PHONE number. I agree that I am liable for all charges incurred through the use of the facility.*

**Applicant's Signature : \_\_\_\_\_ Date: \_\_\_\_\_**

**Regulated by SASRA**