



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.....

3.1hereby authorize you to deduct every month Kshs.....from salary and pay Ndege Chai Sacco Ltd w.e.fI 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 ManagerApproved
DatePersonal details filled []

Signature of Account holder

[Empty box for signature of account holder]

Verified by AuditDate.....