



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

**(FOSA SECTION)**

Date:.....

**RE: APPLICATION TO OPEN A GROUP SAVINGS ACCOUNT**

(NB: Please complete this form in capital letters)

To: The Manager *Ndege Chai Sacco Society Ltd*

Date.....

We the Undersigned Do Hereby Request You to Open a Group Savings Account

**1. GROUP DETAILS.**

Name of Group.....

Date Registered.....

E/F/D/Location of Office.....

Address.....

**2. ACCOUNT WITH OTHER BANKS**

Account No..... Bank..... Branch.....

**3. AGENT AUTHORISED TO OPERATE ACCOUNT**

Full Name(s)..... Id No..... Signature..... Chairman

Full Name(s)..... Id No..... Signature..... Secretary

Full Name(s)..... Id No..... Signature..... Treasurer

Full Name(s)..... Id No..... Signature..... Org. Secretary

We 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,

Account Number.....

**FOR OFFICIAL USE ONLY**

Customer Care Officer..... Signature..... Date.....

FOSA Manager..... Signature..... Date.....

Verified by:..... Signature..... Date.....

**Regulated by SASRA**