



NDEGE CHAI

SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED.

ACCOUNT AMMENDMENT APPLICATION FORM

MEMBER No.....

TO: FOSA Manager Ndege Chai Sacco Ltd Date.....

A: REQUEST TO ACTIVATE A DORMANT/SUSPENDED/CLOSED ACCOUNT

Fullname.....Id/No.....Signature.....

Date.....

Reason for

Activation.....

REQUEST TO AMMEND ACCOUNT DETAILS.

1. Personal details.

Full

Name.....

Marital status.....Date of Birth.....ID/Password No (Attached copy).....

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

Nominee.....Relationship.....Address.....

2. Occupation details

Employer.....E/F/D.....

Address.....Date employed.....CR

NO.....

3. Agent authorized to operate account

Name.....Relationship.....

Tel no.....ID

NO.....Signature.....

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.

Full name.....Member

no.....Signature.....

FOR OFFICIAL USE ONLY

Checklist

Customer care.....Signature.....copy of Id attached

Personal details filled

Account Amendment Approved by

Fosa

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

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