



FARIJI SACCO SOCIETY LTD

P.O BOX 589-00216 GITHUNGURI

CELL: 0727 398 699 / 0792790108

EMAIL:saccokcdf@yahoo.com / info@farijisacco.co.ke

WEBSITE: www.farijisacco.or.ke

Branch.....

Date.....

PERSONAL/JOINT/ENTERPRISE/INSTITUTION ACCOUNT APPLICATION FORM

(PLEASE COMPLETE THIS FORM IN BLOCK CAPITAL LETTERS)

I/We wish to open the following account and other related services and undertake to comply, observe and be bound by the terms and conditions made by Farji Sacco Society Limited and as amended from time to time pertaining to operation of such account.

PART A: ACCOUNT/PERSONAL DETAILS

(Types o Account Tick Appropriately)

Account Name.....

| Account Type | Account number | Account Type | Account number |
|---|----------------|--|----------------|
| <input type="checkbox"/> Business Account | | <input type="checkbox"/> Junior Account | |
| <input type="checkbox"/> Ordinary Savings Account | | <input type="checkbox"/> Holiday Account | |
| <input type="checkbox"/> Special Account | | <input type="checkbox"/> Salimia Account | |
| <input type="checkbox"/> Staff Account | | <input type="checkbox"/> Other (specify) | |

Sole proprietorship Partnership Company Group Society Institution Other (specify)

ACCOUNT/PERSONAL DETAILS

Full Names(as per the ID):

| | | |
|-----------------------|---------------------------------|----------------------------|
| ID/Passport No. | Date of Birth(D/M/Y) | Nationality: |
| Country of Residence: | Location: | Current Residence |
| Nature of Business: | | |
| Postal Address: | Postal Code | Town C/O(Where Applicable) |
| Mobile Number | Any Other Number | E-mail |
| Office Number | Physical Address | Street/Road |
| Building: | Registration/Incorporation Date | Certificate No |
| KRA PIN No. | | |

CONTACT PERSON(S)

| | | |
|--------|------------|--------------------|
| 1.Name | Tel number | Address: Email: |
| 2.Name | Tel number | Address: Email: |

OCCUPATION DETAILS

Business: Employment: Others (Specify):.....

| | | | |
|---------------------------|--------------|-------|------------|
| Occupation postal Address | postal code: | Town: | Telephone: |
|---------------------------|--------------|-------|------------|

OTHER ACCOUNTS HELD WITH US/OTHER FINANCIAL INSTITUTIONS

| | | |
|------------------|--------|----------------|
| Institution Name | Branch | Account Number |
| Institution Name | Branch | Account Number |

JUNIOR ACCOUNT DETAILS: Child's Gender male female

| | | |
|---|--------------|---|
| First Name: | Middle Name: | Last Name: |
| Date of Birth(D/M/Y) | Nationality: | Birth Cetificate No/Notification Number |
| Relationship with child(Tick) parent <input type="checkbox"/> guardian <input type="checkbox"/> Other(specify): | | |

ACCOUNT SIGNATORIES(1)

| | | | |
|--------------------|-------------|-----------|------------------|
| First Name | Middle Name | Last Name | |
| Postal Name | Code | Town | Affix photograph |
| ID No. | Designation | Mobile No | |
| Specimen Signature | | | |

ACCOUNT SIGNATORIES(2)

| | | |
|--------------------|--------------|------------|
| First Name: | Middle Name: | Last Name: |
| Postal Address | Code | Town. |
| ID No. | Designation | Mobile No. |
| Specimen Signature | | |

ACCOUNT SIGNATORIES(3)

| | | |
|--------------------|--------------|------------|
| First Name: | Middle Name: | Last Name |
| Postal Address | Code | Town |
| ID No. | Designation | Mobile No: |
| Specimen Signature | | |

ACCOUNT SIGNATORIES(4)

| | | |
|--------------------|--------------|------------|
| First Name: | Middle Name: | Last Name |
| Postal Address | Code | Town |
| ID No. | Designation | Mobile No: |
| Specimen Signature | | |

Mode of Signing: Any..... All to sign her specify.....

Signature: 1).....(2).....(3).....(4).....

AUTHORIZATION

| Full Names | Id No./Passport | Telephone | Specimen Signature |
|------------|-----------------|-----------|--------------------|
| 1. | | | |
| 2. | | | |

NEXT OF KIN

| NAME: | RELATIONSHIP: | ID/Passport: | Address: | Telephone: |
|-------|---------------|--------------|----------|------------|
| | | | | |

PART B: ADDITIONAL SERVICES

| | | |
|--|---|----------------|
| ATM CARD REQUEST: Yes <input type="checkbox"/> No <input type="checkbox"/> | CHEQUE BOOK: Yes <input type="checkbox"/> No <input type="checkbox"/> | OTHER SPECIFY: |
| BENEVOLENT : Yes <input type="checkbox"/> No <input type="checkbox"/> | No. of leaves 25 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> | |
| MOBILE BANKING: Yes <input type="checkbox"/> No <input type="checkbox"/> | Authorized Mobile Number: | Signature: |
| Service(s) subscription confirmed by :Name | | Signature: |

PART C: DECLARATION

I/We confirm that the information given herein is true to the best of my/our knowledge. I/We agree that i/we have read, understood and accepted the terms and conditions of this account and agree to be bound by them.

Signed by me/us on this.....Day of.....(month)year.....

Applicant Signature1).....(2).....(3).....(4).....

PART D:OFFICIAL USE ONLY

Lists of Documents Required

| | | | |
|---|--------------------------|--|--------------------------|
| Certified Copies of Original IDs/Passports Obtained | <input type="checkbox"/> | ATM Card Application | <input type="checkbox"/> |
| Application details completed | <input type="checkbox"/> | Cheque Book Application form | <input type="checkbox"/> |
| Specimen Signature(s) Obtained | <input type="checkbox"/> | All customers Contact Information Obtained | <input type="checkbox"/> |
| Photo captured | <input type="checkbox"/> | Memorandum and Articles of Association | <input type="checkbox"/> |
| Nominee Form(where Applicable) | <input type="checkbox"/> | CR 12 form | <input type="checkbox"/> |
| Certified Copies of Registration Certificates | <input type="checkbox"/> | Others (i) | <input type="checkbox"/> |
| Certified Copies of KRA Pin | | (ii) | |

| | Name: | Signature | Date: |
|--------------------|-------|-----------|-------|
| Account Opened By: | | | |
| Checked By: | | | |
| Authorized By: | | | |

