

## **FARIJI SACCO SOCIETY LTD**

P.O BOX 589-00216 GITHUNGURI

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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

	A: ACCOUNT/PERSONAL D		<u></u>							
	s o Account Tick Appropriately	y)								
Account Name						Λ	ount Type	Account number		
	Account Type Business Account		_ J		1	ount Type or Account	Account numbe			
	Ordinary Savings Account				<b>†</b>	day Account				
	Special Account						nia Account			
<u> </u>	Staff Account	l. : —					er (specify)	:£.\		
	proprietorship Partners	nip _	Company G	roup so	ciety_ i	nstitu	tion Utner(s	spесіту)		
	UNT/PERSONAL DETAILS		4 11-		4/					
	ames(as per the ID):						1			
	ssport No.	_	Date of Birth(	D/M/Y)			Nationality:			
	try of Residence:		Location:				Current Reside	ence		
	re of Business:	_				/o /: .l.·				
Postal Address: Postal Code			Town		C,		O(Where Applicable)			
Mobile Number			Any Other Number			E-mail				
Office Number			Physical Address				Street/Road			
Buildi			Registration/Incorporation Date			14	Certificate No			
	PIN No.									
	ACT PERSON(S)		T. I.				A 1.1			
1.Name			Tel number				Address: Email:			
2.Name			Tal mumbas				Address:			
Z.IVdi	ne		Tel number				Email:			
OCCI	IPATION DETAILS		<del>'/b</del> 11	NINE	1100	$\Theta$	LIIIdii.			
		$\overline{}$								
Busin	ess: Employment:		Others (Spe	cify):						
Occupation postal Address			postal code:	Town:			Telepho	ie:		
	•									
ОТНЕ	R ACCOUNTS HELD WITH U	JS/O1	THER FINANCIAL	INSTITUT	IONS		l			
	ution Name			Branch			Account	: Number		
Institution Name			Branch				Account Number			
JUNIC	OR ACCOUNT DETAILS: Chi	ld's (	Gender male	□fe	male					
First Name: Middle Nam							Last Name:			
			Nationality:				Birth Cetificate No/Notification			
	, , , ,		·				Number			
Relati	onship with child(Tick) pa	rent	ardian	∰her	(specify)	:				
ACCO	UNT SIGNATORIES(1)						Last N	ame		
First Name			Middle Name				Affix	c photograph		
Postal Name		Code				Town				
			Designation				Mobile No	7		
ID No			Designation				WIODIIC IVO			

Postal Address   Code	First Name:	Middle	Name:		Last Name:					
D.No.   Designation   Mobile No.	Postal Address	Code			Town.		Affix Photograph	n		
Specimen Signature  ACCOUNT SIGNATORIES(3) First Name:		Designa	tion			Ο.				
First Name:	Specimen Signature	0								
Postal Address   Code	ACCOUNT SIGNATORIES(3	)								
D No.   Designation	First Name:	Middle	Name:				Last Name			
Specimen Signature  ACCOUNT SIGNATORIES(4)  First Name:	Postal Address	Code			Town		Affix Photograp	h		
Specimen Signature  ACCOUNT SIGNATORIES(4)  First Name:	ID No.	Designa	tion							
First Name:	Specimen Signature									
Postal Address   Code	ACCOUNT SIGNATORIES(4	)								
Designature	First Name:	Middle	Name:				Last Name			
Mode of Signing: Any	Postal Address	Code			Town		Affix Photograp	h		
Mode of Signing: Any	ID No.	Designa	tion		Mobile No	o:				
Signature: 1)	Specimen Signature									
Signature: 1)	☐ Mode of Signing:	Anv All to sign	☐her specify							
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										
Full Names   Id No./Passport   Telephone   Specimen Signature   1.   2.                         NEXT OF KIN                                     NAME:			<del>11 3</del>							
1. 2. NEXT OF KIN  NAME: RELATIONSHIP: ID/Passport: Address: Telephone:  PART B: ADDITIONAL SERVICES  ATM CARD REQUEST: Yes		No /Passport	Telephone	40		Speci	men Signature			
2.  NEXT OF KIN  NAME: RELATIONSHIP: ID/Passport: Address: Telephone:  PART B: ADDITIONAL SERVICES  ATM CARD REQUEST: Yes		10./1 d33port	Тетерноне			JPCC.	men signature			
NAME: RELATIONSHIP: ID/Passport: Address: Telephone:  PART B: ADDITIONAL SERVICES  ATM CARD REQUEST: Yes										
NAME: RELATIONSHIP: ID/Passport: Address: Telephone:  PART B: ADDITIONAL SERVICES  ATM CARD REQUEST: Yes						1				
PART B: ADDITIONAL SERVICES  ATM CARD REQUEST: Yes	1	ATIONSHID	ID/Passports	Addros	c:	Tolor	hono			
ATM CARD REQUEST: Yes	NAIVIE.	ATIONSHIP.	ID/ Passport.	Addres	3.	reiep	mone.			
ATM CARD REQUEST: Yes	PART R. ADDITIONAL SERVIC	FS								
MOBILE BANKING: Yes		0 0 =	CHEOTIE BOOK	Voc. Do			OTHER CRECIEV			
Service(s) subscription confirmed by :Name  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							OTHER SPECIFY.			
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	MOBILE BANKING: Yes	<b>→</b> □	Authorized Mob	ile Number			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	Service(s) subscription con	firmed by :Name			•		Signature:			
accepted the terms and conditions of this account and agree to be bound by them.  Signed by me/us on this	PART C: DECLARATION				-0	•				
Applicant Signature1)		n given herein is true to t	he best of my/our knowl	edge. I/We ag	ree that i/we	have rea	d, understood and			
Applicant Signature1)										
PART D:OFFICIAL USE ONLY  Lists of Documents Required  Certified Copies of Original IDs/Passports Obtained  Application details completed  Specimen Signature(s) Obtained  Photo captured  Nominee Form(where Applicable)  Certified Copies of Registration Certificates  Certified Copies of KRA Pin  AIM Card Application  Cheque Book Application form  All customers Contact Information Obtained  Memorandum and Articles of Association  Others (i)  (ii)	Signed by me/us on this	Day of	(month)year							
PART D:OFFICIAL USE ONLY  Lists of Documents Required  Certified Copies of Original IDs/Passports Obtained  Application details completed  Specimen Signature(s) Obtained  Photo captured  Nominee Form(where Applicable)  Certified Copies of Registration Certificates  Certified Copies of KRA Pin  AIM Card Application  Cheque Book Application form  All customers Contact Information Obtained  Memorandum and Articles of Association  Others (i)  (ii)	A 1: C: A)	(2)	(2)		(4)					
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Certified Copies of Original IDs/Passports Obtained  Application details completed  Specimen Signature(s) Obtained  Photo captured  Nominee Form(where Applicable)  Certified Copies of Registration Certificates  Certified Copies of KRA Pin  ATM Card Application  Cheque Book Application form  All customers Contact Information Obtained  Memorandum and Articles of Association  CR 12 form  Others (i)  (ii)		· <del>-</del>								
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Certified Copies of Registration Certificates Others (i) Certified Copies of KRA Pin (ii)	Photo captured									
Certified Copies of KRA Pin (ii)	Nominee Form(where	Applicable)		CR 12 fo	CR 12 form					
	Certified Copies of Reg	sistration Certificates	5	Others (	Others (i)					
	Certified Copies of KRA Pin (ii)									
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	A 10 15	Name:		ignature		Date:				
Account Opened By:										
Checked By:		1								
Authorized By:										

