



FARIJI SACCO SOCIETY LTD

P.O BOX 589-00216 GITHUNGURI

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

WEBSITE: www.farijisacco.co.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 Fariji 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:
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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"/> her(specify):		

ACCOUNT SIGNATORIES(1)

First Name	Middle Name	Affix photograph	
Postal Name	Code	Town	
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"/> <input type="checkbox"/>	CHEQUE BOOK: Yes <input type="checkbox"/> <input type="checkbox"/>	OTHER SPECIFY:
BENEVOLENT : Yes <input type="checkbox"/> <input type="checkbox"/>	No. of leaves 25 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/>	
MOBILE BANKING: Yes <input type="checkbox"/> <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:			

