

**PERSONAL / JOINT ACCOUNT
APPLICATION FORM**



Ammar Sacco Society Ltd
We cater for growth
AMMAR SACCO
We Cater for growth

P.O. BOX 6957-Thika Tel.0711431590 Elica Plaza Nkurumah Rd.

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS AND TICK WHERE APPLICABLE

Date: _____

I/We wish to open the following Account (s) and undertake to observe, comply and be bound by the terms conditions and tariffs made by the Sacco in force and as amended from time to time pertaining to such Account per the General Terms and conditions documents availed and read by me.

Account Name _____

A/c Number _____

Type of Account (Tick Appropriately)

Savings Account Business Account Junior Account Salary Account Others

Details Account

Postal Address	Postal Code	Town	C/O (Where applicable)
Telephone (Office)	Email		
Business Name / Employer			
Physical Address	Street /Road		Building
Date of Incorporation /Registration		Certificate of Incorporation Number	
K.R.A PIN		Associated Company	
Next of Kin (Names)		Relationship	Postal Code
Referee		Phone	

Other Accounts Currently Held with us or other Banks

Other Accounts Currently Held with us or other Banks

Bank Name	Branch	Account Number
Bank Name	Branch	Account Number

1st Signatory		2nd Signatory	
Surname		Surname	
Other names		Other names	
ID/Passport Number		ID/Passport Number	
Mobile Number		Mobile Number	
KRA PIN		KRA PIN	

Specimen Signature (Sign at the centre of the box)	Specimen Signature (Sign at the centre of the box)
Affix passport Size photo Or Indicate photo number	Affix passport Size photo Or Indicate photo number

3rd Signatory

4th Signatory

Surname		Surname	
Other names		Other names	
ID/Passport Number		ID/Passport Number	
Mobile Number		Mobile Number	
KRA PIN		KRA PIN	
Specimen Signature (Sign at the centre of the box)		Specimen Signature (Sign at the centre of the box)	
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		<div style="border: 1px solid black; height: 100px; width: 100%; text-align: center; padding: 10px;"> Affix passport Size photo Or Indicate photo number </div>	
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		<div style="border: 1px solid black; height: 100px; width: 100%; text-align: center; padding: 10px;"> Affix passport Size photo Or Indicate photo number </div>	

Signing Instructions

Any to sign	Any Two	Any Three	Any four	All to sign	
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Special Instructions:

ADDITIONAL BANK SERVICES (Tick appropriately) For Joint applicants, Mobile services are available only where signing instruction is 'Any to Sign)

Cheque Book ordered (Tick)*	<input type="checkbox"/> YES	<input type="checkbox"/> N	Number of books	<input type="checkbox"/> 50 leaves	<input type="checkbox"/> 100 leaves	<input type="checkbox"/>
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MOBILE BANKING SERVICES * (Tick)

 Y N

Mobile Number for mobile banking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signature
ATM Services (Apply for Visa Card)	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/>	Signature		

TO AMMAR SACCO

I/we agree that this account (s) shall be operated at the discretion of the bank and hereby agree to indemnify the bank at my / our cost against any loss or claims arising out of the account being closed by the bank without notice due to unsatisfactory performance. I /we confirm having read and understood the general terms and conditions a copy of which has been availed to me/us.

This day _____ Month _____ Year _____ and which I/we accept. *Terms & Conditions apply

1st Signatory (Name) _____	Signature _____
2nd Signatory (Name) _____	Signature _____
3rd Signatory (Name) _____	Signature _____
4th Signatory (Name) _____	Signature _____

For Official use only

Customer information checklist	
Valid identification documents obtained and authenticated	All customer contact information obtained
Photographs obtained/Captured and authenticated	Mandated signatures obtained
Joint applicant forms attached	ATM Card ordered
Cheque book ordered	Statement request completed
Mobile banking Registered	Internet Banking subscribed
Account Opened by: Name _____	Signature _____
Confirmed by: Name _____	Signature _____
	Stamp (Mandatory)