

PERSONAL / JOINT ACCOUNT APPLICATION FORM



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	Telephone
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

Surname
Other names
ID/Passport Number
Mobile Number
KRA PIN

2nd Signatory

Surname
Other names
ID/Passport Number
Mobile Number
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></div>										<div></div>									
Affix passport Size photo Or Indicate photo number										Affix passport Size photo Or Indicate photo number									

Signing Instructions																			
Any to sign		Any Two		Any Three		Any four		All to sign											
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)*		YES		N		Number of books		50 leaves		100 leaves									
MOBILE BANKING SERVICES * (Tick)										Y		N							
Mobile Number for mobile banking										Signature									
ATM Services (Apply for Visa Card)										YES		NO		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)		