



SOLUTION SACCO LTD

ACCOUNT OPENING FORM

(NEW AND EXISTING CUSTOMERS)

SOLUTION SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED
PERSONAL/JOINT ACCOUNT OPENING FORM

FOR OFFICIAL USE ONLY

Branch Customer I.D No Date

Account No Member No

TYPE OF ACCOUNT Current Savings Other (Specify.....)

PERSONAL ACCOUNT HOLDER

Account Name

1ST APPLICANT

Full Names(Mr./Mrs./Ms/Miss./Dr./Prof.)

Nationality Date of Birth

ID/Passport No.....KRA PIN/KRA PIN Copy

DivisionLocationSub-location

Marital StatusPermanent Address

Mailing Address: P.O. Box Code.....

Tel. Office Mobile No.....

Tsc No.....Personal No: Email

Work Station.....

Occupation

Employer

Employer's Postal Address.....

Next of Kin Details

Name	Relationship	Mob. No	I.D No.	D.O.B	Percentage

JOINT ACCOUNT HOLDER(FOR JOINT ACCOUNT)

IF NOT REQUIRED INDICATE N/A

2ND APPLICANT

Full Name(Mr./Mrs./Ms/Miss./Dr./Prof.)

Nationality Date of Birth ID/Passport No

DivisionLocationSub-location

Mailing Address: P.O. Box Code.....

Mobile No..... Email.....

Employment/Occupation Details.....

Next of Kin Details

Name	Relationship	Mob. No	I.D. No	D.O.B	Percentage

3RD APPLICANT

Full Name(Mr./Mrs./Ms/Miss./Dr./Prof.)

Nationality Date of Birth ID/Passport No

DivisionLocationSub-location

Mailing Address: P.O. Box Code.....

Mobile No..... Email.....

Employment/Occupation Details.....

Next of Kin Details

Name	Relationship	Mob. No	I.D. No	D.O.B	Percentage

BUSINESS/ COMPANY DETAILS (To be completed by a business applicant)

Business Name Business Address.....

Nature of BusinessApproximate Monthly Income Kshs.....

Business Location

Registration No:.....

K.R.A PIN No:.....

APPLICATION FOR MEMBERSHIP

I hereby make an application for membership and agree to abide by the SACCO by laws and any amendments made therein from time to time. I have enclosed KSH. 1000/500 with the application being entrance fee.

DEDUCTION OF MONTHLY DEPOSITS

I hereby authorize you to deduct a monthly amount KSHS..... (in figures) (in words) from salary / account savings at the end of every month towards my deposits with effect fromand to run every day of the month.

Have you been a member? Yes No

CUSTOMER DETAILS

Other transaction Account

- Holiday
- Education
- Hippo Junior (Please fill the following detail for the minor/ child)

Surname First Name Birth Cert No. D.O.B

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ADDITIONAL ACCOUNT SERVICES (to be filled by new and existing applicant)

Mobile Banking Yes No

Mob No/Safaricom

Linked Account

Sms Banking Yes No

Pin Re-issue Yes No

ATM Card Yes No

Signature Mandate or the Account Operating Mandate (Tick Appropriate)

Singly Either to Sign All of us Jointly Any two to sign

Other (Specify)

DECLARATION

I/we confirm that:

- a) The information I /We have provided herein and the disclosures made are true: and
- b) I /We have received received read and understood the General Terms and Conditions of the SACCO and undertake to comply, observe and be bound by the same.

Name in full (BLOCK LETTERS) of Authorized Signatories	National ID/Passport No.	Specimen Signature
1 st Applicant		
2 nd Applicant		
3 rd Applicant		
4 th Applicant		

INTRODUCER

FOR OFFICIAL USE ONLY

Account no Date of Admission

Account Name.....M/No

Receipt No..... Signature

NAME OF STAFF

Date

DOCUMENTS REQUIRED INDIVIDUAL / COMPANY CHECK LIST

- | | |
|----------------------------------|---|
| Original ID's / Passport sighted | Certification of registration/incorporation |
| ID's/ Passport copies obtained | Photos of directors & I.D copies |
| Application Details Completed | KRA PIN Cert of company/VAT Certificate |
| Specimen Signature Obtained | KRA PIN of directors |
| Date of Admission | Articles of association/Partnership agreement |
| | Memorandum and Signatory mandates |
| | CR12 |
| | Mandate forms completed |

I confirm that the above details have been completed in accordance with KYC procedures and that relevant documents are attached. I confirm acceptance of this customer relationship with SOLUTION SACCO-FOSA

Finance Manager /Branch ManagerSignature

WRITE NAME

Date