

**SHIRIKA DEPOSIT TAKING SACCO SOCIETY LIMITED**

P.O BOX 43429-00100 NAIROBI

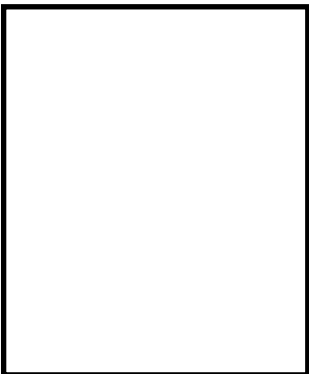
PHONE:3740625/3753626/0734897817/0724610715

E-MAIL:shirikasaccosociety@gmail.com;

WEBSITE:www.shirikasacco.co.ke

**SHIRIKA JUNIOR ACCOUNT OPENING FORM**

I/We wish to open an account at Shirika Savings and Credit Society limited and undertake to comply, observe and be bound by the general terms and conditions in force from time to time governing the operation of the account with the Sacco.



**JUNIOR ACCOUNT HOLDER DETAILS**

Account Name \_\_\_\_\_  
Monthly Contribution: \_\_\_\_\_  
Mode of Payment: \_\_\_\_\_  
Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_

**APPLICANT/GURDIAN**

Full Names \_\_\_\_\_  
Nationality \_\_\_\_\_ Date Of Birth \_\_\_\_\_ ID/Passport No. \_\_\_\_\_  
Mailing Address: P.O Box \_\_\_\_\_ Code: \_\_\_\_\_ Town \_\_\_\_\_  
Tel Office: \_\_\_\_\_ Mobile No. \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation \_\_\_\_\_ Member No. \_\_\_\_\_  
Employer \_\_\_\_\_ Employment No \_\_\_\_\_  
Employer's Postal Address \_\_\_\_\_

**DECLARATION**

I/We confirm that the information I/we provided herein and the disclosures made are true; and I/we have read and understood the general terms and conditions and undertake to comply, observe and be bound by the same.

Names In Full(BLOCK LETTERS) and Authorized Signatory	National ID / Passport	Specimen Signature

**FOR OFFICIAL USE ONLY**

<b>FOR OFFICIAL USE ONLY</b>	
Customer ID No. _____	Date: _____
Account No. _____	Branch _____

Account Opened by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
**(NAME OF STAFF)**

**ACCOUNT OPENING CHECK LIST**

- Original ID's/ Passport
- Specimen signature
- Application details completed
- sighted ID's/passports copies obtained
- obtained Photo taken
- Signature scanned      Serial No \_\_\_\_\_