## SHIRIKA DEPOSIT TAKING SACCO SOCIETY

## **BUSINESS/GROUP MEMBERSHIP APPLICATION FORM**

			Corpo	rate Details/Grou	ıp			
Name of	Entity							
Type of	Organization	Group	Association	n Partnershi	p Cor	npany	Co-operative	
Otl	hers (please speci	fy)						
Date esta	blished/incorpora	ated						
Registrati	ion Number							
			Ph	ysical Address				
			• • •	ysical Addi ess				
Registered office								
registered office			Dantal Carlo					
			Postal Code		Town			
								Post
Vature of Busin	ness of the entity	7						
urpose of open	ing account:	Investment	Transaction	n Saving and	d Borrowing			
hareholder's co	ontribution							
approximate Mo	onthly Income Ksh							
	ementary source							
ddress								
M: Talanda				a:I				
office Telephone	! [		E-m	ali				
ontact Person N	/lr./Mrs./Ms			M	bile Number			

No.	Name	ID /Passport	Occupation	Position Held
l				
2				
3				
1				
5				
5				
7				
3				
)				
10				

## Authorized Signatories

DETAILS	1 <sup>ST</sup> SIGNATORY	2 <sup>ND</sup> SIGNATORY	3 <sup>RD</sup> SIGNATORY	4 <sup>TH</sup> SIGNATORY
Name				
Designation				
Date of birth				
Nationality				
P.O. Box/Code				
Mobile phone				
Telephone				
E-mail				
Work station				
Employer				
Address				
Residence				
Other bankers				
Occupation				

We intend to commence saving of Kshs\_\_\_\_\_\_ per month with effect from\_\_\_\_\_\_

Name Name		
ID No		ID No
Designation		Designation
Specimen Signature	Specimen	Signature

Jame	Name		
	ID No		ID No
	Designation	Designation	
	Specimen Signature	Specimen	Signature
		_	
Signing instructions			
	Share Capital Structure		
	Declaration		
	stand that this account shall h	. 1 . 1 1	

**Indemnity**: We understand that this account shall be operated solely at the discretion of Sacco and hereby agree to indemnify the Sacco against any loss or claim arising out of the account being closed by the Sacco without notice due to unsatisfactory performance.

The account shall be opened and operated subject to any directions that may be issued to the society by its statutory regulators from time to time.

The declarations given in this form by us are true and we shall be held responsible for the same at all times.

Name	Signature	Id No	Date

			(To be signed by signatori	es)	
Tl	his application has	s been approved u	under the following membershi	p;	
			C	A ·	
_	rate/Business				
	roup vestor				

Membership approved	l by						
	Signatu	ıre	Date_				
Membership Number							
Account opened by				Signature		Date	
Checked by						]	
		Signature	Date				
GENERAL TERMS  The Society shall be en and the customer herel  The customer shall proof establishing the identhe account or as may of Kenya or any other	ntitled to make any object of the society with the customer be required pursuan	enquiries it deems not ciety to make any su th all such information or the authorized so to any anti- money	ecessary in ach enquirie on and doc ignatories a launderin	the relation es.  cuments as the and their lega	to the opening of e society may real capacity to ope	f an accour quire in ter en and oper	rms rate
		Attach the followin	g documen	ts			
CORPORATE							
				GROUP/CHAM	//AS		
Audited statement of	of accounts	Minutes of me	eeting (Sac	co agenda)			
Memorandum and	l articles of associati	ion /constitution of t	the group		Constitution		
General meeting/	board resolution aut	thorizing application	1		Copies of ID	cards (sign	atories)
Copies of identifi	ication cards of auth	orized signatories			Pictures of au	thorized sig	gnatories
Pictures of author	ized signatories (col	loured)			List of group 1	members	
Specimen signatur	res						
Board resolution t	to open the account						
A copy of registra	ation certificates						