

SHIRIKA SAVINGS AND CREDIT SOCIETY LTD

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

| | |
|------------------------------|--------------|
| FOR OFFICIAL USE ONLY | |
| Customer ID No. _____ | Date: _____ |
| Account No. _____ | Branch _____ |

Account Opened by _____ Signature _____ Date _____

(NAME OF STAFF)

ACCOUNT OPENING CHECK LIST

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