

ACUMEN DT SACCO SOCIETY LTD

INDIVIDUAL MEMBERSHIP APPLICATION FORM



ACUMEN DT SACCO

With Us You Are Sorted

FORM NUMBER

I HEREBY APPLY FOR MEMBERSHIP AND AGREE TO CONFORM AND ABIDE BY THE SOCIETY'S LAWS, INTERNAL RULES AND REGULATIONS AND AMMENDMENTS THEREOF

APPLICANTS DETAILS

FIRST NAME

MIDDLE NAME

LAST NAME

ID NUMBER

NATIONALITY

DATE OF BIRTH

MOBILE PHONE NUMBER

ALTERNATIVE NUMBER

EMAIL ADDRESS

GENDER

MALE

FEMALE

SOURCE OF FUNDS

SPECIFY YOUR SOURCE OF FUNDS

PHYSICAL WORK STATION LOCATION

OCCUPATION

POSTAL ADDRESS

POSTAL CODE

POSTAL TOWN/CITY

COUNTY OF RESIDENCE

DISTRICT

DIVISION

LOCATION

SUB- LOCATION

AREA OF RESIDENCE

KRA PIN

I HEREBY APPLY FOR

FOSA /BOSA ACCOUNT

FIXED DEPOSIT ACCOUNT

EDUCATION ACCOUNT

SALARY ACCOUNT

HOLIDAY ACCOUNT

REFEREES NAME

MEMBERSHIP NUMBER

NEXT OF KIN NAMES

I.D NO

RELATIONSHIP

NEXT OF KIN'S MOBILE NUMBER

ACCOUNT MANDATE

I.D NO

RELATIONSHIP

CONTACTS

MOBILE BANKING SERVICES *816#

I HEREBY AUTHORIZE ACUMEN DT SACCO SOCIETY LTD TO REGISTER THIS ACCOUNT FOR MOBILE BANKING. IF YES, PROVIDE YOUR NUMBER BELOW

INDEMNITY CLAUSE

I AGREE THAT THIS ACCOUNT SHALL BE OPERATED SOLELY AT THE DISCRETION OF THE SACCO AND HEREBY AGREE TO INDEMNIFY THE SACCO AT THE COST AGAINST ANY LOSS INCURRED OR CLAIMS ARISING OUT OF THE ACCOUNT BEING CLOSED BY THE SACCO WITHOUT NOTICE BECAUSE OF UNSATISFACTORY PERFORMANCE

NAMES

SIGNATURE

DATE

FOR OFFICIAL USE ONLY

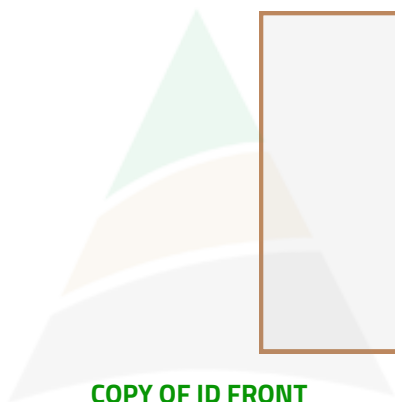
MEMBERSHIP NUMBER (BOSA)

ACCOUNT NUMBER (FOSA)

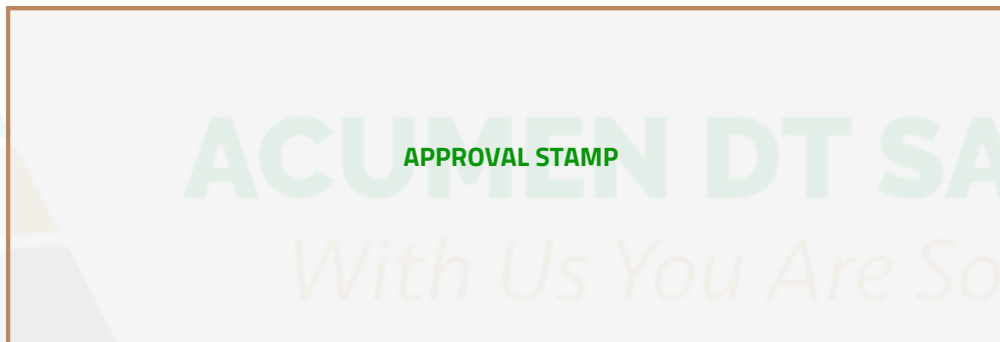
OPENED BY

DATE

SIGNATURE OF OFFICIAL



COPY OF ID FRONT



APPROVAL STAMP

COPY OF ID BACK