



GROUP OR JOINT ACCOUNT SIGNATORY CHANGE

Date: (DD/MM/YYYY) __/__/__

I/We wish to change the account signatories for:

Account Name: _____

BOSA No: _____ FOSA No: _____

Incoming signatories

1 ST SIGNATORY	2 ND SIGNATORY
First Name:	First Name:
Middle Name:	Middle Name:
Last Name:	Last Name:
Designation:	Designation:
ID/Passport Number:	ID/Passport Number:
Mobile Number:	Mobil Number:

**Specimen Signature
(Sign at the Centre of the Box)**

Passport size
Photo

**Specimen Signature
(Sign at the Centre of the Box)**

Passport size
Photo



3 RD SIGNATORY	4 TH SIGNATORY
First Name:	First Name:
Middle Name:	Middle Name:
Last Name:	Last Name:
Designation:	Designation:
ID/Passport Number:	ID/Passport Number:
Mobile Number:	Mobil Number:

**Specimen Signature
(Sign at the Centre of the Box)**

Passport size
Photo

**Specimen Signature
(Sign at the Centre of the Box)**

Passport size
Photo

5 TH SIGNATORY	6 TH SIGNATORY
First Name:	First Name:
Middle Name:	Middle Name:
Last Name:	Last Name:
Designation:	Designation:
ID/Passport Number:	ID/Passport Number:
Mobile Number:	Mobil Number:

**Specimen Signature
(Sign at the Centre of the Box)**

Passport size
Photo

**Specimen Signature
(Sign at the Centre of the Box)**

Passport size
Photo



SIGNING INSTRUCTIONS

Any to sign Any two Any Three Any Four All to sign

INDEMNITY CLAUSE

I/We agree that this account shall be operated solely at the discretion of the SACCO and agree to hereby indemnify the SACCO at my/our cost against any loss or claims arising out of the account being closed by the SACCO without notice due to unsatisfactory performance.

1st Signatory _____ 2nd Signatory _____ 3rd Signatory _____ 4th Signatory _____

CHANGE AUTHORISED BY:

Name:	Signature:	Date:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

FOR OFFICIAL USE ONLY

Account Number: _____ Signature: _____ Stamp: _____