



FOSA ACCOUNT OPENING FORM

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

I wish to open the following account(s), and related services. I undertake to comply, observe and be bound by the Terms and Conditions and tariffs.

NB: This form must be submitted together with I.D copy and one passport photo coloured

APPLICATION DETAILS

Full Names (As Per ID):		
Date Of Birth:	Occupation:	ID No:
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Telephone:	Mobile:	
Email Address:		
Postal Address:	Postal Code:	Town:

NEXT OF KIN DETAILS

Full Names Of Kin:		ID No:
Date Of Birth Of Kin:	Relationship:	
If Minor Name Of Guardian:		
Telephone:	Mobile:	
Email Address:		
Postal Address:	Postal Code:	Town:

SIGNATORY

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

Passport size
Photo



INDEMNITY CLAUSE

I 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 bank without notice due to unsatisfactory performance.

For Official Use Only

Account Number: _____ Signature: _____ Stamp:

Terms and conditions

- mini balance 1,000
- Minimum interest earning balance Ksh 5,000
- Interest payable Per annum pro-rated but credited annually as at 31 December
- withdrawal charges apply
- closing charges 300