



**GROUP OR JOINT ACCOUNT UPDATES**

Date: (DD/MM/YYYY) \_\_/\_\_/\_\_\_\_

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

Account Name \_\_\_\_\_

ACCOUNT DETAILS		
Postal Address:	Postal Code:	Town:
Telephone:	Email:	
Group Name:		
Other Account Held With Us or Other Banks		
Bank Name:	Branch:	Account Number:
Bank Name:	Branch:	Account Number:

1 <sup>ST</sup> SIGNATORY	2 <sup>ND</sup> 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 <sup>RD</sup> SIGNATORY	4 <sup>TH</sup> 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 <sup>TH</sup> SIGNATORY	6 <sup>TH</sup> 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.

1<sup>st</sup> Signatory \_\_\_\_\_ 2<sup>nd</sup> Signatory \_\_\_\_\_ 3<sup>rd</sup> Signatory \_\_\_\_\_ 4<sup>th</sup> Signatory \_\_\_\_\_

**REMITTANCES TO THE SOCIETY**

We hereby undertake to pay kshs \_\_\_\_\_ monthly to Tembo SACCO Ltd until further notice.

**PLEASE INDICATE HOW YOU INTEND TO MAKE PAYMENTS TO THE SOCIETY**

Direct Payment :	<input type="checkbox"/>
Bank standing order:	<input type="checkbox"/>
Payroll deduction:	<input type="checkbox"/>

**Membership fee of Kshs. 2,000 will be payable on presentation of this application.**

**FOR OFFICIAL USE ONLY**

Account Number: \_\_\_\_\_ Signature: \_\_\_\_\_ Stamp: \_\_\_\_\_