

NATIONAL ID: _____ EMPLOYER: _____
 OCCUPATION: _____
 INDUSTRY/ SECTOR: _____ MONTHLY INCOME: _____
 PERSONAL NO. _____
IF SELF EMPLOYED (SPECIFY): _____
 RETIRED YES NO DISABILITY: YES NO
MARITAL STATUS: MARRIED SINGLE OTHERS (SPECIFY)
 COUNTRY / STATE: _____ COUNTY: _____
 SUB-COUNTY: _____ WARD: _____
PERMANENT ADDRESS
 HOUSE/FLAT NO. _____ FLOOR NO. _____ APARTMENT/BUILDING _____
 CITY SURVEY NO. _____ STREET NAME: _____ LANDMARK: _____
 POSTAL ADDRESS: _____ POSTAL CODE: _____ TOWN: _____
CONTACT DETAILS:
 MOBILE PHONE NUMBER (1) _____ MOBILE PHONE NUMBER (2) _____
 OFFICE PHONE NUMBER: _____
 REGISTERED E-MAIL ADDRESS: _____ ALTERNATIVE E-MAIL ADDRESS _____
KYC
 K.R.A PIN _____ HUDUMA NUMBER: _____ ID SERIAL NUMBER: _____
NEXT OF KIN:
 FIRST NAME: _____ MIDDLE NAME: _____ SURNAME: _____
 RELATION: _____ ID NUMBER: _____ MOBILE NUMBER: _____
 ADDRESS: _____ TOWN: _____ EMAIL ADDRESS: _____

INTRODUCERS DETAILS
 FIRST NAME _____ MIDDLE NAME _____ SURNAME _____
 CUSTOMER ID / MEMBER NUMBER _____ ID NUMBER _____ MOBILE NO _____
 ADDRESS _____ TOWN _____ E-MAIL _____

APPLICATION FOR MEMBERSHIP
 WE/I HEREBY MAKE AN APPLICATION FOR MEMBERSHIP AND AGREE TO ABIDE BY THE CO-OPERATIVE SOCIETY'S BY-LAWS AND ANY AMENDMENTS MADE THEREIN FROM TIME TO TIME. WE HAVE ENCLOSED KSH. _____ BEING THE ENTRANCE FEE.

DEDUCTIONS OF MONTHLY DEPOSITS
 WE/I HEREBY AUTHORIZE YOU TO DEDUCT A MONTHLY STANDING ORDER KSH. (IN FIGURE) _____
 IN WORDS _____ FROM MY SALARY/SAVINGS ACCOUNT ON
 A MONTHLY BASIS TOWARDS MY DEPOSITS WITH EFFECT FROM (DATE) DD/MM/YY _____

CUSTOMER DECLARATION

BY SIGNING ON THIS FORM, WE/I REQUEST YOU TO OPEN AN ACCOUNT IN MY/OUR NAME AND AUTHORIZE YOU TO UNDERTAKE ANY ENQUIRIES NECESSARY IN CONNECTING WITH THIS APPLICATION.

OPERATIONAL INSTRUCTIONS (Tick as appropriate)
 ALL OTHERS (Specify) _____

PAYMENT INSTRUCTIONS (Tick as appropriate)
 ALL OTHERS (Specify) _____

| Names in full (BLOCK LETTERS) | National ID/Passport No. | Designation | Specimen Signature |
|-------------------------------|--------------------------|-------------|--------------------|
| 1 ST SIGNATORY | | | |
| 2 ND SIGNATORY | | | |
| 3 RD SIGNATORY | | | |
| 4 TH SIGNATORY | | | |

FOR OFFICIAL USE
 CUSTOMER ID NUMBER _____ MEMBER NUMBER _____
 MEMBER NAME _____

MEMBER SOURCED BY:
 NAME _____ ACCOUNT NUMBER _____
 SIGNATURE _____ DATE _____

DETAILS ENTERED BY:
 NAME OF STAFF _____ SIGNATURE _____ DATE _____

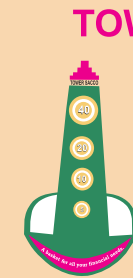
APPROVED BY:
 NAME OF STAFF _____ SIGNATURE _____ DATE _____
 DESIGNATION _____

- DOCUMENTS REQUIRED CHECKLIST**
- Original ID's/Original Registration Documents Sighted
 - Specimen Signature Obtained
 - ID's/Original Registration Documents copies Obtained
 - Cheque Book Ordered
 - Application Details Completed
 - Nominee Card Filled

I confirm that all the above details have been completed in accordance with KYC procedures and that relevant documents are attached. I confirm acceptance of this customer relationship with **TOWER SACCO - FOSA**

Branch Manager: _____ Signature: _____
 _____ Date: _____

WRITE NAME



TOWER SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED.

A DEPOSIT TAKING SACCO LICENCED AND REGULATED BY THE SACCO SOCIETIES REGULATORY AUTHORITY (SASRA) NO.61

TOWER SACCO PLAZA, OL'KALOU/NAKURU ROAD.

P.O. Box 259-20303, OL'KALOU: Tel: 0792 333 111

Email: customercare@towersacco.co.ke, diaspora@towersacco.co.ke,

Website: www.towersacco.co.ke

(A basket for all your financial needs)

NON INDIVIDUAL ACCOUNT OPENING FORM

I/we wish to open an account at **TOWER SACCO LTD** and undertake to comply, observe and be bound by the General Terms and Conditions in force from time to time governing the operation of accounts with the **SACCO**.

TYPE OF ACCOUNT Current Savings Other (Specify) _____

BRANCH _____ DATE: _____

TITLE: _____

ACCOUNT NAME _____

GENERAL INFORMATION
 IDENTIFICATION DOCUMENTS _____ REGISTRATION NUMBER _____ REGISTRATION DATE _____
 K.R.A PIN _____ PLACE OF REGISTRATION _____ DOCUMENTS ISSUING AUTHORITY _____
 NATURE OF BUSINESS _____

PERMANENT ADDRESS
 HOUSE/FLAT NO. _____ FLOOR NO. _____ APARTMENT/BUILDING _____
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CONSTITUENTS**1ST APPLICANT**

TITLE: MR. / MRS / MS/ MISS./ DR./ PROF (OTHERS) _____

FIRST NAME: _____ MIDDLE NAME: _____ SURNAME: _____

GENDER: MALE: FEMALE:

DATE OF BIRTH: (DDMMYYYY) _____

NATIONAL ID: _____ EMPLOYER: _____

OCCUPATION: _____

INDUSTRY/ SECTOR: _____ MONTHLY INCOME: _____

PERSONAL NO. _____

IF SELF EMPLOYED (SPECIFY): _____RETIRED **YES** **NO** **DISABILITY: YES** **NO** **MARITAL STATUS:** MARRIED SINGLE OTHERS (SPECIFY) _____

COUNTRY / STATE: _____ COUNTY: _____

SUB-COUNTY: _____ WARD: _____

PERMANENT ADDRESS

HOUSE/FLAT NO. _____ FLOOR NO. _____ APARTMENT/BUILDING _____

CITY SURVEY NO. _____ STREET NAME: _____ LANDMARK: _____

POSTAL ADDRESS: _____ POSTAL CODE: _____ TOWN: _____

CONTACT DETAILS:

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OFFICE PHONE NUMBER: _____

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KYC

K.R.A PIN _____ HUDUMA NUMBER: _____ ID SERIAL NUMBER: _____

NEXT OF KIN:

FIRST NAME: _____ MIDDLE NAME: _____ SURNAME: _____

RELATION: _____ ID NUMBER: _____ MOBILE NUMBER: _____

ADDRESS: _____ TOWN: _____ EMAIL ADDRESS: _____

2ND APPLICANT

TITLE: MR. / MRS / MS/ MISS./ DR./ PROF (SPECIFY) _____

FIRST NAME: _____ MIDDLE NAME: _____ SURNAME: _____

GENDER: MALE: FEMALE:

DATE OF BIRTH: (DDMMYYYY) _____

NATIONAL ID: _____ EMPLOYER: _____

OCCUPATION: _____

INDUSTRY/ SECTOR: _____ MONTHLY INCOME: _____

PERSONAL NO. _____

IF SELF EMPLOYED (SPECIFY): _____RETIRED **YES** **NO** **DISABILITY: YES** **NO** **MARITAL STATUS:** MARRIED SINGLE OTHERS (SPECIFY) _____

COUNTRY / STATE: _____ COUNTY: _____

SUB-COUNTY: _____ WARD: _____

HOUSE/FLAT NO. _____ FLOOR NO. _____ APARTMENT/BUILDING _____

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NEXT OF KIN:

FIRST NAME: _____ MIDDLE NAME: _____ SURNAME: _____

RELATION: _____ ID NUMBER: _____ MOBILE NUMBER: _____

ADDRESS: _____ TOWN: _____ EMAIL ADDRESS: _____

3RD APPLICANT

TITLE: MR. / MRS / MS/ MISS./ DR./ PROF (OTHERS) _____

FIRST NAME: _____ MIDDLE NAME: _____ SURNAME: _____

GENDER: MALE: FEMALE:

DATE OF BIRTH: (DDMMYYYY) _____

NATIONAL ID: _____ EMPLOYER: _____

OCCUPATION: _____

INDUSTRY/ SECTOR: _____ MONTHLY INCOME: _____ PERSONAL NO. _____

IF SELF EMPLOYED (SPECIFY): _____RETIRED **YES** **NO** **DISABILITY: YES** **NO** **MARITAL STATUS:** MARRIED SINGLE OTHERS (SPECIFY)

COUNTRY / STATE: _____ COUNTY: _____

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NEXT OF KIN:

FIRST NAME: _____ MIDDLE NAME: _____ SURNAME: _____

RELATION: _____ ID NUMBER: _____ MOBILE NUMBER: _____

ADDRESS: _____ TOWN: _____ EMAIL ADDRESS: _____

4TH APPLICANT

TITLE: MR. / MRS / MS/ MISS./ DR./ PROF (OTHERS) _____

FIRST NAME: _____ MIDDLE NAME: _____ SURNAME: _____

GENDER: MALE: FEMALE:

DATE OF BIRTH: (DDMMYYYY) _____