

DOCUMENTS REQUIRED CHECKLIST

- Original ID's / Passport sighted
- Specimen Signature Obtained
- ID's / Passports 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**

Finance Manager / Branch Manager: _____ Signature: _____
WRITE NAME
Date: _____



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: customer@towersacco.co.ke, diaspora@towersacco.co.ke,
 Website: www.towersacco.co.ke
(A basket for all your financial needs)

PERSONAL ACCOUNT OPENING FORM

APPLICANTS DETAILS (TO BE FILLED WITH BLOCK LETTERS)

BRANCH _____ DATE: _____

TITLE: (Mr. / Mrs / Ms/ Miss./ Dr./ Prof) _____

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: _____ LAND MARK: _____

POSTAL ADDRESS: _____ POSTAL CODE: _____ TOWN: _____

OTHERS : _____

CONTACT DETAILS:

MOBILE PHONE NUMBER (1): _____

MOBILE PHONE NUMBER (2): _____

OFFICE PHONE NUMBER: _____

REGISTERED E-MAIL ADDRESS: _____

ALTERNATE E-MAIL ADDRESS: _____

KYC

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

ID SERIAL NUMBER: _____

NEXT OF KIN: _____

FIRST NAME: _____ MIDDLE NAME: _____ SURNAME: _____

RELATIONSHIP: _____ ID. NUMBER: _____ MOBILE NO. _____

ADDRESS: _____ TOWN: _____

E-MAIL ADDRESS: _____

INTRODUCER DETAILS:

FIRST NAME: _____ MIDDLE NAME: _____ SURNAME: _____

CUSTOMER ID/ MEMBER NUMBER: _____ I.D NUMBER: _____

MOBILE NO. _____

ADDRESS: _____ TOWN: _____

E-MAIL ADDRESS: _____

APPLICATION FOR MEMBERSHIP:

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. I have enclosed ksh.1000 ksh.500 or ksh.350 being the entrance fee.

DEDUCTION OF MONTHLY DEPOSITS

I hereby authorize you to deduct a monthly standing order of ksh (in figure).....
.....in wordsfrom my salary / savings
account on a monthly basis towards my deposits with effect from (date) ddmmyyy.....
.....

I wish to apply for

a) Saving Account c) Stop Gap Account e) Education Account

b) Current Account d) Holiday Account f) Agency Float / Commission Account

Select preferred cheque book order for current account 50 Leaf cheque book

100 Leaf cheque book

OPERATIONAL INSTRUCTIONS

(Tick as appropriate)

Singly OTHERS (Specify)

PAYMENT INSTRUCTIONS

(Tick as appropriate)

Singly OTHERS (Specify)

ADDITIONAL ACCOUNT SERVICES

MOBILE BANKING INTERNET BANKING SMS ALERTS

SACCO AGENCY E-STATEMENT

By signing this form, I request you to open an account in my name and authorize you to undertake any enquiries necessary in connection with this application and agree to be bound by terms and conditions accessible on the SACCO website: www.towersacco.co.ke.

Names in full (BLOCK LETTERS) of Authorised Signatories	National ID / Passport No.	Specimen Signature
Applicant		

FOR OFFICIAL USE:

CUSTOMER I.D: _____ MEMBER NUMBER: _____

MEMBER NAME: _____

MEMBER SOURCED BY:

NAME: _____ ACCOUNT NO. _____ SIGNATURE: _____

DATE: _____

DETAILS ENTERED BY:

NAME OF STAFF: _____ SIGNATURE: _____ DATE: _____

APPROVED BY:

NAME OF STAFF: _____ SIGNATURE: _____ DATE: _____

DESIGNATION: _____ 3