# TOWER SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

A DEPOSIT TAKING SACCO LICENCED AND REGULATED BY THE SACCO SOCIETIES REGULATORY AUTHORITY (SASRA) NO. 61
P.O BOX 259-20303, OL'KALOU: TEL : 051-8000822, CELL: 0723-836421;
0733-416492 E-mail; info@towersacco.co.ke / Website: www.towersacco.co.ke
Hotline No: 0731-638930

*(A basket for all your financial needs)*

## SACCO JUNIOR OPENING FORM

FOR OFFICIAL USE ONLY
Branch _____ Customer ID No. _____ Date ☐☐ ☐☐ ☐☐☐☐
Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ P/No. _____
M/No. _____

**I the undesigned wish to open SACCO Junior for my child under the account name**

***(parent's name)*.....** **A/C No.....**

STANDING ORDER AMOUNT .....

DATE.....

CHILD'S DETAILS

NAME: .....

DATE OF BIRTH: .....

AGE: .....

SCHOOL: .....

PARENT'S DETAILS:-

NAME: .....

IDENTITY CARD NO. .....

POSTAL ADDRESS: ..... TELEPHONE .....

OCCUPATION: .....

PRESENT BANKERS: ..... BRANCH.....

RESIDENCE: .....

DISTRICT: ..... LOCATION ..... SUB-LOCATION.....

NEXT OF KIN NAME: ..... RELATIONSHIP .....

ID NUMBER: ..... PHONE NO .....

**Indemnity Clause:** "I/We agree that this account shall be operated solely at the discretion of the SACCO and hereby indemnify the SACCO at my/our cost against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactory performance.

Yours faithfully,

Full Name(s) _____ Signature _____

Name(s) _____ Signature _____

Account opened by _____ Signature _____ Date _____