



HAZINA SACCO SOCIETY LTD

P.O.BOX 59877 – 00200 NAIROBI TEL NO. 2722106/2719098

E-MAIL: info@hazinasacco.or.ke, fosa@hazinasacco.or.ke

APPLICATION TO OPEN FOSA JEWEL ACCOUNT

I/We (Names).....

the undersigned hereby apply to open a **Jewel** account for-(Indicate name of child)

1.....

2.....

My/our particulars are as detailed here below:

Identity Card No. _____ Member. No _____

Address: P.O.Box _____ Mobile no: _____

E-mail address: _____

Employer's Name _____ Personal No. _____

Employer's Address _____

Present Bankers _____ Branch _____

Residence _____

District/County _____ Location _____

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.

Full Name(s) _____ Signature

Full Name(s) _____ Signature

Date _____

NB: Please attach a photocopy of your Identity card and passport size photograph and Birth Certificate

FOR OFFICIAL USE ONLY

APPLICATION NO.....

Account Opened by _____ Signature _____ Date _____

Account No .

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Authorised by _____ Signature: _____ Date: _____