



HAZINA SACCO SOCIETY LTD

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

E-MAIL: info@hazinasacco.or.ke, Hazinasacco@yahoo.com

APPLICATION TO OPEN FOSA ACCOUNT

APPLICATION NO.....

TYPE OF ACCOUNT (Tick where applicable)

Salary A/c Ord.Savings A/c Premium A/c Jipange A/c Jewel A/c

I/we.....

..... the undersigned hereby apply to open a FOSA account

My/our particulars are as detailed here below:

Identity Card No. _____ SACCO No _____

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

E-mail address: _____

Employer's Name _____ Personal/No. _____

Employer's Address _____

Present Bankers _____ Branch _____

Station of duty _____ Address _____

Residence _____

District/County _____ Location _____ Sub-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.

Yours faithfully,

Full Name(s) _____ Signature

Date _____

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

FOR OFFICIAL USE ONLY

Account Opened by _____ Signature _____ Date _____

Account No .

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

Authorised by _____ Signature: _____ Date: _____

See next page

NEXT OF KIN PARTICULARS

1. (Name)_____ Relationship_____
 IDNO/Birth Certificate No_____ Date of Birth_____
 Address _____ Postal Code_____ Telephone No._____
 Allocation percentage (%)_____

2. (Name)_____ Relationship_____
 IDNO/Birth Certificate No_____ Date of Birth_____
 Address _____ Postal Code _____ Telephone No._____
 Allocation percentage (%)_____

3. (Name)_____ Relationship_____
 IDNO/Birth Certificate No_____ Date of Birth_____
 Address _____ postal code_____ Telephone No._____
 Allocation percentage (%)_____

4. (Name)_____ Relationship_____
 IDNO/Birth Certificate No_____ Date of Birth_____
 Address _____ Postal Code_____ Telephone No._____
 Allocation percentage (%)_____

NOTE: Total percentage should be 100%

Prepared By_____ ID No._____

Witnessed by_____ ID No._____

Personal No _____ Member No. _____ Account No. _____

Address _____ Mobile No. _____

Next of kin recorded by _____ Sign _____ Date _____

.....**END**.....