



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. **I further willingly provide the personal information and consent to its use as prescribed in the Hazina Sacco Data Protection Policy (The policy is available on our website www.hazinasacco.or.ke and any of our offices)**

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 .

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Authorised by _____ Signature: _____ Date: _____