



APPLICATION FOR CORPORATE MEMBERSHIP

We wish to open the following account and undertake to comply, observe, and be bound by the terms and conditions and Tariffs made by the SACCO in force and as amended from time to time pertaining to such accounts per the General Terms and Conditions.

(Complete this form in BLOCK letter and attach a Copy of Certificate of incorporation, KRA PIN, Tax compliance certificate, Board resolution for membership, Copy of Audited financial reports for the last 2 years, Signatories ID and KRA Pin copies.)

A. APPLICANTS INFORMATION

Account Name (As in Certificate).....

Date of incorporation Certificate of incorporation Number.....

KRA PIN Associate company.....

Postal addressPostal code..... Town.....

Telephone Number Mobile Number.....

Email Address.....

Nature of business.....

Physical address.....Street/Road.....Building

B. APPLICANTS INFORMATION

Income range 100,000 – 500,000 500,001 – 1,000,0000 1,000,001 and over

Other Accounts currently held with us or with other Banks

| | | |
|------------|--------|------------|
| Bank Name: | Branch | Account No |
| Bank Name: | Branch | Account No |

Signatories' details

| | |
|----------------------|----------------------|
| 1st Signatory | 2nd Signatory |
| First Name | First Name |
| Surname | Surname |
| Designation | Designation |
| ID/Passport Number | ID/Passport Number |
| Mobile No. | Mobile No. |
| Signature | Signature |

| | |
|---------------------------------|---------------------------------|
| 3rd Signatory | 4th Signatory |
| First Name | First Name |
| Surname | Surname |
| Designation | Designation |
| ID/Passport Number | ID/Passport Number |
| Mobile No. | Mobile No. |
| Signature | Signature |

| | |
|---------------------------------|---------------------------------|
| 5th Signatory | 6th Signatory |
| First Name | First Name |
| Surname | Surname |
| Designation | Designation |
| ID/Passport Number | ID/Passport Number |
| Mobile No. | Mobile No. |
| Signature | Signature |

(Tick appropriately) Signing Instructions

Any one Any two Any three .

Others

We agree that this account shall be operated solely at the discretion of the SACCO and hereby agree to indemnify the SACCO against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactory performance.

We confirm having read and understood the terms and conditions on this day.....month.....year 20.....and which we accept .

1st Signatory 2nd signatory

3rd signatory 4th signatory

5th signatory 6th signatory

FOR OFFICIAL USE:

Received by:

Name.....Sign.....Date.....

Customer information checklist Mandate signatures obtained

Valid identification documents Contact information available

Approved/rejected by:

Name:.....Signature.....Date