



POFOSA GROUP/CORPORATE ACCOUNT APPLICATION FORM	ACCOUNT APPLICATION FORM
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Branch: Nairobi	Date:
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Please complete this form in block CAPITAL letters.

I/We wish to open the following account and undertake to comply, observe and be bound by the By-Laws made by the Sacco and as amended from time to time pertaining to such accounts as per the by-laws.

Applicants Details

Name		
Signatories		
ID No.		
Passport No.		
Permanent Address	Email Address	Phone No.

TO THE KENYA POLICE SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

I/We agree that this account shall be operated solely at the discretion of the Sacco and hereby agree to indemnify the Sacco at my/our cost against any loss or claims arising out of the account being closed by the Sacco without notice due to unsatisfactory performance. I/We confirm having read and understood the General Terms and Conditions contained overleaf for operating the Fosa Account, this _____ day of _____ year 20_____ and which I accept.

SPECIMEN SIGNATURE(S) *(sign at the center of the box)*

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FOR OFFICIAL USE ONLY

Captured by:.....Sign.....Date.....

Approved by:.....Sign.....Date.....

Account Number Generated

5	0	3									0	0
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Terms and Conditions

- The Account is available for all Sacco members.
- The account does not attract a periodic ledger fees.
- An ATM Card and M-Sacco link will not be issued in respect of the account.
- Withdrawal upon maturity of contract

Application Requirements

- Attachment of ID card copy
- One passport photo for signatories.
- A duly filled opening form
- Fully signed minutes of the group (with the recommendation of account opening)
- The group constitution (guiding rules)