

BUSINESS ACCOUNT APPLICATION FORM

BRANCH		DATE	
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Please complete this form in CAPITAL letters.

I/We wish to open a business 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 this account.

APPLICANTS DETAILS:

For Individuals:

First Name	Middle Name	Last Name
Personal No.	PF/No.	Member No.
ID/Passport No.	Date of Birth (DD/MM/YY)	Employer
Province/Formation	Division	Station
Permanent Address	E-mail Address	Mobile No.
Signature		

For Groups:

Group Name	Date of Registration (DD/MM/YY)	Registration No.
Permanent Address	E-mail Address	Phone No.
Signature (1)	Signature (2)	Signature (3)

TO KENYA POLICE SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD

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 without notice due to unsatisfactory performance. I/we confirm have understood the general terms and conditions of operating the account:

FOR OFFICIAL USE ONLY

PRIMARY FOSA ACCOUNT

5	0	2																	
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BUSINESS ACCOUNT

5	0	4																	
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Initiated by: _____ Signature: _____ Date _____.

Approved by: _____ Signature: _____ Date _____.