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BUSINESS ACCOUNT APPLICATION FORM

Please complete this form in capital letters. INDIVIDUAL APPLICANT'S DETAILS First Name Middle Name Last Name ID/ Passport: ______ Date of Birth: ____/_____ _____ Phone No.: _____ Nature of Business: Signature: **GROUP APPLICANT DETAILS** Group Name: Date of Registration: _____/____ Registration No.: _____ Permanent Address: Phone No.: _____ Nature of Business: Signature 1: ______ Signature 2: _____ Signature 3: _____ TO THE KENYA NATIONAL POLICE DT SACCO 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 of operating the account FOR OFFICIAL USE ONLY Business account generated Initiated by: ______ Sign: _____ Date: ____/____ Approved by: ______ Sign: _____ Date: ___/ __/