



# GOOD FAITH SACCO SOCIETY LTD

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## F.O.S.A. ACCOUNT OPENING FORM FOR GROUPS ,JOINT A/CS AND INSTITUTIONS

I/ WE DO HEREBY APPLY TO OPEN THE FOLLOWING ACCOUNT/S [TICK]:

1. KIKUNDI ACCOUNT       2. INSTITUTIONAL ACCOUNT       3. JOINT SAVINGS A/C   
 4. CORPORATE / COMPANY / PARTNERSHIP ACCOUNT

### ACCOUNT DETAILS

ACCOUNT NAME.....

POSTAL ADDRESS.....

#### SIGNATORY ONE

SURNAME:.....OTHER NAMES.....

TYPE OF IDENTIFICATION(LD\PASSPORT).....DOCUMENTNO.....

PLACE OF ISSUE.....DATE OF ISSUE.....DATE OF BIRTH.....

NATIONALITY.....COUNTRY OF RESIDENCE.....

POSTAL ADDRESS:.....TOWN.....POSTAL CODE.....

PHYSICAL\RESIDENTIAL ADDRESS:.....

TELEPHONE / MOBILE NO: .....

EMPLOYER'S NAME:.....

EMPLOYER'S ADDRESS .....TEL NO.....

OCCUPATION .....POSITION HELD.....

DO YOU HAVE ANOTHER A/C WITH US? (Y/N).....IF YES GIVE A/C NO.....

ARE YOU A SACCO MEMBER? (Y/N).....IF YES GIVE SACCO NO.....

#### SIGNATORY TWO

SURNAME:.....OTHER NAMES.....

TYPE OF IDENTIFICATION(LD\PASSPORT).....DOCUMENTNO.....

PLACE OF ISSUE.....DATE OF ISSUE.....DATE OF BIRTH.....

NATIONALITY.....COUNTRY OF RESIDENCE.....

POSTAL ADDRESS:.....TOWN.....POSTAL CODE.....

PHYSICAL\RESIDENTIAL ADDRESS:.....

TELEPHONE / MOBILE NO: .....

EMPLOYER'S NAME:.....

EMPLOYER'S ADDRESS .....TEL NO.....

OCCUPATION .....POSITION HELD.....

DO YOU HAVE ANOTHER A/C WITH US? (Y/N).....IF YES GIVE A/C NO.....

ARE YOU A SACCO MEMBER? (Y/N).....IF YES GIVE SACCO NO.....

#### SIGNATORY THREE

SURNAME:.....OTHER NAMES.....

TYPE OF IDENTIFICATION(LD\PASSPORT).....DOCUMENTNO.....

PLACE OF ISSUE.....DATE OF ISSUE.....DATE OF BIRTH.....

NATIONALITY.....COUNTRY OF RESIDENCE.....

POSTAL ADDRESS:.....TOWN.....POSTAL CODE.....

PHYSICAL\RESIDENTIAL ADDRESS:.....

TELEPHONE / MOBILE NO: .....

EMPLOYER'S NAME:.....

EMPLOYER'S ADDRESS .....TEL NO.....

OCCUPATION .....POSITION HELD.....

DO YOU HAVE ANOTHER A/C WITH US? (Y/N).....IF YES GIVE A/C NO.....

ARE YOU A SACCO MEMBER? (Y/N).....IF YES GIVE SACCO NO.....

**OTHER GROUP DETAILS**

NAME OF THE ACCOUNT.....  
GROUP'S POSTAL ADDRESS..... TEL. NO.....  
PHYSICAL ADDRESS / LOCATION OF OFFICE.....  
NATURE OF BUSINESS ACTIVITIES / ANY OTHER ACTIVITY .....  
.....  
GROUP'S SOURCE OF INCOME.....  
IF REGISTERED GIVE REGISTRATION CERTIFICATE NO.....

**SPECIMEN SIGNATURES:**

1.	2.
3.	

**DECLARATION**

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND AGREE THAT THIS ACCOUNT SHALL BE OPERATED SOLELY AT THE DISCRETION OF THE SACCO AND HEREBY AGREE TO INDEMNIFY THE SACCO AT MY COST AGAINST ANY LOSS OR CLAIMS ARISING OUT OF THE ACCOUNT BEING CLOSED BY THE SACCO WITHOUT NOTICE DUE TO UNSATISFACTORY PERFORMANCE.

THIS DECLARATION SIGNED ON THIS DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR 20 \_\_\_\_\_

NAMES: 1..... 2..... 3.....  
.....

SIGNATURES: 1 ..... 2..... 3.....

**FOR OFFICIAL USE ONLY**

**A/C NO:**

9	6	0	9	-						-	0	0	1
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DETAILS CHECKED/ VERIFIED BY.....

SIGNATURE:..... DATE.....

A/C CREATED/APPROVED BY.....

SIGNATURE:..... DATE .....

**OFFICIAL STAMP:**