

TARAJI SACCO TOTO POA ACCOUNT OPENING FORM

I/we wish to open an account at Taraji Sacco society ltd. And undertake to comply, observe and be bound by the general terms and conditions of the society's accounts operating procedures.

PARENT/GUARDIAN(S) DETAILS

Full Names (Mr./Mrs./Ms.) _____

Nationality _____ Date of Birth _____ ID/Passport No. _____

Mobile No _____ District _____

Division _____ Location _____ Sub-Location _____

Employment Details _____ Emp. No. /Others _____

CHILD/ACCOUNT DETAILS

Full Names _____

Nationality _____ Date of Birth _____ Birth Cert No/Birth Not. _____

PAYMENT METHODS (tick as appropriate)

Standing Order ☐ Cash ☐ Pay bill ☐ Cheque ☐

Standing order (Amount)Kshs _____

AUTHORIZED SIGNATORY

PARENT/GUARDIAN NAME	ID/PASSPORT	SIGNATURE

DECLARATION

I/We confirm that; the information I/we have provided herein and the disclosures made are true; and have received, read and understood the general terms and conditions of the Sacco and undertake to comply, observe and be bound by the same

FOR OFFICIAL USE ONLY

Account Number _____ Account opening Date _____

Account Opened by _____ Signature _____