

Signature authority or the Account Mandate: (Tick as appropriate)  
 Singly  Either to sign  All of us jointly  Any two to sign   
 Other (Specify) \_\_\_\_\_

**DECLARATION**

I/We confirm that:  
 a) The information I/We have provided herein and the disclosures made are true; and  
 b) I/We have received read and understood the General Terms and Conditions of the SACCO and undertake to comply, observe and be bound by the same.

Names in full (BLOCK LETTERS) of Authorized Signatories	National ID / Passport No.	Specimen Signature
1st Applicant		
2nd Applicant		
3rd Applicant		
4th Applicant		

**FOR OFFICIAL USE ONLY**

Branch \_\_\_\_\_

Account No.                      Date of Admission \_\_\_\_\_

Account Name \_\_\_\_\_ M/No \_\_\_\_\_

Receipt No \_\_\_\_\_ Signature \_\_\_\_\_  
NAME OF STAFF

Date

	Form completed by/in presence of	Details of input by	Account verified by
Initials/Sign.			
Date Signed			

**DOCUMENTS REQUIRED CHECK LIST**

- |   |  |
|---|--|
| <input type="checkbox"/> Original ID's / Passport sighted | <input type="checkbox"/> Specimen Signature Obtained |
| <input type="checkbox"/> ID's / Passports copies obtained | <input type="checkbox"/> Cheque book ordered         |
| <input type="checkbox"/> Application Details completed    | <input type="checkbox"/> Mandate forms completed     |

I confirm that all the above details have been completed in accordance with KYC procedures and that relevant documents are attached. I confirm acceptance of this customer relationship with TOWER SACCO-FOSA

Finance Manager/Branch Manager \_\_\_\_\_ Signature \_\_\_\_\_  
WRITE NAME

Date

**TOWER SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED.**



**A DEPOSIT TAKING SACCO LICENCED AND REGULATED BY THE SACCO SOCIETIES REGULATORY**

**AUTHORITY (SASRA) NO. 61**  
 P.O. BOX 259-20303, OL'KALOU: TEL: 051-8000822, Fax 020-2071205  
 CELL: 0723-836421; 0733-416492  
 E-mail; info@towersacco.co.ke/ Website: [www.towersacco.co.ke](http://www.towersacco.co.ke)  
 Hotline No: 0731 - 638 930

*(A basket for all your financial needs)*

**PERSONAL/JOINT / GROUP ACCOUNT OPENING FORM**

**FOR OFFICIAL USE ONLY**

Branch \_\_\_\_\_ Customer ID No. \_\_\_\_\_ Date        
 Account No.                      P/No \_\_\_\_\_

I/we wish to open an account at **TOWER SACCO LTD** and undertake to comply, observe and be bound by the General Terms and Conditions in force from time to time governing the operation of accounts with the SACCO.

**TYPE OF ACCOUNT**  Current  Savings  Other (Specify \_\_\_\_\_)

**PERSONAL ACCOUNT HOLDER**

Account Name \_\_\_\_\_

**1ST APPLICANT**

Full Names (Mr./Mrs./Ms./Miss./Dr./Prof.) \_\_\_\_\_

Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID/Passport No. \_\_\_\_\_

Sub-county \_\_\_\_\_ County \_\_\_\_\_

Marital Status \_\_\_\_\_ Mobile No. \_\_\_\_\_

Mailing Address: P.O Box \_\_\_\_\_ Code \_\_\_\_\_

TSC/ P/No. \_\_\_\_\_ MNO. \_\_\_\_\_ Email \_\_\_\_\_

Work station \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Postal Address \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

ID/ Passport No. \_\_\_\_\_

Next of Kin Address \_\_\_\_\_

Mobile: \_\_\_\_\_

**JOINT ACCOUNT HOLDER (FOR JOINT ACCOUNT)**

IF NOT REQUIRED INDICATE N/A

**2ND APPLICANT**

Full Names (Mr/Mrs./Ms/ Miss/ Dr/ Prof) \_\_\_\_\_

Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID/Passport No. \_\_\_\_\_

Sub-County \_\_\_\_\_ County \_\_\_\_\_

Mailing Address: P.O. Box \_\_\_\_\_ Code \_\_\_\_\_

Tel. Office \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email \_\_\_\_\_

Employment / Occupation Details \_\_\_\_\_

**3RD APPLICANT**

Full Names (Mr/Mrs./Ms/ Miss/ Dr/ Prof) \_\_\_\_\_

Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID/Passport No. \_\_\_\_\_

Sub-County \_\_\_\_\_ County \_\_\_\_\_

Mailing Address: P.O. Box \_\_\_\_\_ Code \_\_\_\_\_

Tel. Office \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email \_\_\_\_\_

Employment / Occupation Details \_\_\_\_\_

**4TH APPLICANT**

Full Names (Mr/Mrs./Ms/ Miss/ Dr/ Prof) \_\_\_\_\_

Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID/Passport No. \_\_\_\_\_

Sub-County \_\_\_\_\_ County \_\_\_\_\_

Mailing Address: P.O. Box \_\_\_\_\_ Code \_\_\_\_\_

Tel. Office \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email \_\_\_\_\_

Employment / Occupation Details \_\_\_\_\_

**(A) APPLICATION FOR MEMBERSHIP**

I hereby make an application for membership and agree to abide by the co-operative society's By-laws and any amendments made therein from time to time. I have enclosed Ksh. 1000  or Ksh. 500  being the entrance fee.

**DEDUCTION OF MONTHLY DEPOSITS**

I hereby authorize you to deduct a monthly standing order of Ksh. (in figure) \_\_\_\_\_ (in words) \_\_\_\_\_ from my salary/ savings Account on a monthly basis towards my deposits with effect from (dd/mm/yy) \_\_\_\_\_ Have you been a member before. Yes  No

**(B) SACCO LINK CARD APPLICATION (ATM)**

Would you like to apply for a Sacco link card (ATM)  
YES  NO

**Declaration by the Card Applicant**

I authorize Tower SACCO to issue an ATM card to my account and warrant that the information given above is true and complete. I authorize you to make any enquiries necessary in connection with the application. I accept and agree to be bound by the conditions of use, detailed overleaf (as amended from time to time). I agree that I am liable for all charges incurred through the use of this card. I understand that my application can be declined by Tower SACCO without giving reasons to the extent permitted by law.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_