

TOWER SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED.

A DEPOSIT TAKING SACCO LICENCED AND REGULATED BY THE SACCO SOCIETIES REGULATORY AUTHORITY (SASRA) NO.61

TOWER SACCO PLAZA ALONG OL'KALOU-NAKURU ROAD.

P.O. Box 259-20303, OL'KALOU: Tel: 0792 333 111, WHATSAPP +254 731 638930

Email: customercare@towersacco.co.ke, diaspora@towersacco.co.ke,

Website: www.towersacco.co.ke

(A basket for all your financial needs)



SACCO JUNIOR OPENING FORM

FOR OFFICIAL USE ONLY

Branch _____ Customer ID No. _____ Date

Account No.

I the undersigned wish to open SACCO Junior for my child under the account name

(parent's name)..... A/C No.....

STANDING ORDER AMOUNT

DATE.....

CHILD'S DETAILS

NAME:

DATE OF BIRTH: AGE:

SCHOOL:

PARENT'S DETAILS:-

NAME:

IDENTITY CARD NO.

POSTAL ADDRESS: TELEPHONE

OCCUPATION:

PRESENT BANKERS:BRANCH.....

RESIDENCE:

COUNTY: SUB COUNTY.....

NEXT OF KIN NAME: RELATIONSHIP

ID NUMBER: PHONE NO

Indemnity Clause: "I/We agree that this account shall be operated solely at the discretion of the SACCO and hereby indemnify the SACCO at my/our cost against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactory performance.

Yours faithfully,

Full Name(s) _____ Signature _____

Name(s) _____ Signature _____

FOR OFFICIAL USE ONLY

Account Opened by _____ Signature _____ Date _____

Account Verified by _____ Signature _____ Date _____

Account Approved by _____ Signature _____ Date _____