



AFYA SACCO SOCIETY LTD

FRONT OFFICE SERVICE ACTIVITY

APPLICATION TO OPEN A PERSONAL / JOINT SAVING ACCOUNT

CUSTOMER PARTICULARS

Branch:	Account Number: 5 0 2	Date.....
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ACCOUNT TYPE [TICK]: Personal Account Joint Account Other _____

1. Mr Mrs Miss
[First Applicant]

Full Name (s) (as they appear in ID Document): _____

ID / Passport Number: _____	KRA PIN _____	Date of Birth: _____	Afya No: _____
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Current Address: P.O. Box Code Town:	Telephone [Office / Home]:	Cell Phone No:
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**AFFIX
PHOTO
HERE**

E-mail Address:	Permanent / Physical Address [Town / Estate / Street / Road].		
Tick as applicable: <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Student <input type="checkbox"/> Others: _____			
Employer's Name: _____ Personal No: _____			
Employer's Address: P.O. Box Code Town:	Employer's Telephone:	Employer's E-mail Add:	
Station of Duty:	Address:	Present Bankers:	Branch:

Next of Kin [Name]	Relationship:	Telephone:	ID NO.
Next of Kin [Name]	Relationship:	Telephone:	ID NO.

2. Mr Mrs Miss
[First Applicant]

Full Name (s) (as they appear in ID Document): _____

ID / Passport Number: _____	KRA PIN _____	Date of Birth: _____	Afya No: _____
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Current Address: P.O. Box Code Town:	Telephone [Office / Home]:	Cell Phone No:
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E-mail Address:	Permanent / Physical Address [Town / Estate / Street / Road].		
Tick as applicable: <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Student <input type="checkbox"/> Others: _____			
Employer's Name: _____ Personal No: _____			
Employer's Address: P.O. Box Code Town:	Employer's Telephone:	Employer's E-mail Add:	
Station of Duty:	Address:	Present Bankers:	Branch:

Next of Kin [Name]	Relationship:	Telephone:	ID NO.
Next of Kin [Name]	Relationship:	Telephone:	ID NO.

3. Mr Mrs Miss
[First Applicant]

Full Name (s) (as they appear in ID Document):

ID / Passport Number: _____ KRA PIN _____ Date of Birth: _____ Afya No: _____

Current Address: P.O. Box _____ Code _____ Town: _____ Telephone [Office / Home]: _____ Cell Phone No: _____

**AFFIX
 PHOTO
 HERE**

E-mail Address: _____ Permanent / Physical Address [Town / Estate / Street / Road]. _____

Tick as applicable: Employed Self Employed Student Others: _____

Employer's Name: _____ Personal No: _____

Employer's Address: P.O. Box _____ Code _____ Town: _____ Employer's Telephone: _____ Employer's E-mail Add: _____

Station of Duty: _____ Address: _____ Present Bankers: _____ Branch: _____

Next of Kin [Name] _____ Relationship: _____ Telephone: _____ ID NO. _____

Next of Kin [Name] _____ Relationship: _____ Telephone: _____ ID NO. _____

IF MINOR ACCOUNT (BELOW 18 YEARS):

Full Names of Minor: _____ Relationship: _____

Birth Certificate No: _____ Date of Birth: _____ Sex: _____

4. OPERATING INSTRUCTIONS:

5. INITIAL DEPOSIT [IN WORDS]: _____ Kshs. [Figures] _____

DECLARATION

- (a) 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 claimed arising out of the account being close with without notice because of unsatisfactory performance.
- (b) I understand that Afya Sacco Society reserves the right to decline the application without giving reason to the extent permitted by law

Specimen Signature [First Applicant]

Specimen Signature [Second Applicant]

Specimen Signature [Third Applicant]

Date:

Date:

Date:

FOR OFFICIAL USE ONLY

CUSTOMER VALIDATION CHECKLIST:

- Valid identification documents obtained & authenticated:
- Photographs obtained & authenticated
- Mandated Signatures Obtained
- Customer Contact Information available

Application Form completed
 Other: _____

Remarks: _____

Verified by [Name]: _____ Authorised Signature: _____

Branch office Stamp