



KUMBUKUMBU DT SACCO SOCIETY LTD.

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Email: info@kumbukumbusacco.co.ke

Mobile: +254 713 957 671

P.O Box 22330 – 00400, Nairobi.

Head Office: Nairobi National
Museums of Kenya.

FOSA ACCOUNT APPLICATION FORM

Type of Account (Tick where applicable):

- | | | |
|--|---|---|
| <input type="checkbox"/> FOSA Savings Acc. | <input type="checkbox"/> Fixed Deposit Acc. | <input type="checkbox"/> Group Savings Acc. |
| <input type="checkbox"/> Silver Savings Acc. | <input type="checkbox"/> Malaika Savings Acc. | <input type="checkbox"/> Group Current Acc. |
| <input type="checkbox"/> Gold Savings Acc. | <input type="checkbox"/> Business Acc. | <input type="checkbox"/> Elimu Savings Acc. |

Full Names: _____

PF No.: _____ Member No.: _____

ID/Passport No.: _____ Mobile No.: _____

Email Address: _____ P.O Box: _____

District/County: _____ Location: _____

Sub-location: _____

Employer's Name: _____ Employer's Address: _____

Beneficiaries:

	Full Names	ID No.	Relationship	Mobile No.	Share (%)
1.					
2.					
3.					
4.					
5.					

NOTE: Total shares should be 100%.

Witnesses:

1. Names: _____ Date: _____

Signature: _____

2. Names: _____ Date: _____

Signature: _____

Indemnity Clause:

I agree that this account shall be operated solely at the discretion of the SACCO and hereby indemnify the SACCO at my cost against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactory performance. **I further willingly provide my personal information and consent for its use as prescribed in the SACCO’s Data Protection Policy.**

Yours faithfully,

Full Names: _____

Date: _____

Signature: _____

NOTE: Kindly attach a copy of your National ID card, KRA Pin Certificate, and passport-size photograph.

FOR OFFICIAL USE ONLY

Account No.:

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Opened by: _____ Date: _____ Signature: _____

Authorized by: _____ Date: _____ Signature: _____