



MAGADI SACCO SOCIETY LIMITED

(FRONT OFFICE SERVICES ACTIVITY)

P.O. BOX 13 MAGADI

TEL: 020-6999 350/258/245 • FAX: 020-6999 359/360

APPLICATION TO OPEN A PERSONAL/JOINT ACCOUNT/AKIBA POA/ BIASHARA/FIXED DEPOSIT/SCHOOL FEES/JUNIOR ACCOUNT

A/C NAME _____

I/We the undersigned hereby apply to open a savings account to be styled as follows:

My/Our particulars are as detailed below:

Name(s) _____ ID/No. _____ Date of Birth _____ M/No. _____

_____ ID/No. _____ Date of Birth _____ M/No. _____

_____ ID/No. _____ Date of Birth _____ M/No. _____

Gender: Male ☐ Female ☐ (Tick appropriately)

HOME ADDRESS _____ EMPLOYER ADDRESS _____

_____ Work's No _____

_____ PIN No. _____

Email Address _____ Phone No. _____

PRESENT BANKERS _____ BRANCH _____

STATION OF DUTY AND ADDRESS _____

PO. BOX _____

RESIDENCE _____ COUNTY _____

DISTRICT _____ LOCATION _____ SUB-LOCATION _____

Indemnity Clause:

I/We agree that this account shall be operated solely at the discretion of the Sacco and hereby indemnify the society at My/Our cost against any loss incurred or claims out of the account being closed without notice of unsatisfactory performance.

Yours faithfully,

Full Names 1. _____ Signature _____

2. _____ Signature _____

3. _____ Signature _____

Next of Kin _____ Relationship _____ ID/No. _____ Phone No. _____

Next of Kin _____ Relationship _____ ID/No. _____ Phone No. _____

(FOR NEXT OF KIN)

CONDITION/INSTRUCTION:

FOR OFFICIAL USE ONLY

FOSA ACCOUNT NUMBER:

--	--	--	--	--	--	--	--	--	--

CHECKED BY: _____ DATE _____

AUTHORISED SIGNATURE _____ DATE _____