MAGADI SACCO SOCIETY LTD

~Pamoja Tujijenge~

Serial No.

MAIN OFFICE CONTACTS
Magadi Town, PAM View Building
P.O. Box 13, 00205, Magadi
+254 722 272 252 0714 961 101 0702 111 112
info@magadisacco.co.ke www.magadisacco.co.ke

ACCOUNT OPENING /MEMBERSHIP FORM

I/We wish to open an account at MAGADI SACCO SOCIETY 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 the account with the Sacco.

Customer A/C Number_____Date:_____

PART A

TYPE OF ACCOUNT

BOSA Deposit A/C ☐ FOSA Deposit A/C ☐ Group A/C ☐ Salary A/C ☐

Business A/C ☐ Junior A/C ☐ Others (Specify)_____

PART B

DATE OPENED _____

PERSONAL ACCOUNT DETAILS

(MR./MRS./MS./MISS./DR./PROF.) Payroll No (If applicable) _____

FIRST NAME_____ MIDDLE NAME_____ LAST NAME_____

Nationality_____ Date of Birth _____ ID/Passporot No. _____

KRA PIN_____County _____ Sub-County _____

Ward _____

Address P.O. Box_____Code _____ Town _____

Mobile No_____Email: _____ Occupation _____

Work Station _____

Employer_____Employer Postal Address _____

Tel No. _____Town _____

MAGADI SACCO SOCIETY LTD
~Pamoja Tujijenge~

PART C

JOINT ACCOUNT DETAILS

1st APPLICANT

Name (Mr./Mrs./Ms/Miss./Dr./Prof.) _____

Nationality_____Date of Birth_____ID Passport No _____

KRA PIN _____ County _____Sub-County _____

Ward_____

Address P.O. Box_____ Code_____ Town _____

Mobile No_____Email:_____Occupation_____

Work Station_____

Employer_____ Employer Postal Address_____

Tel No_____ Town_____

2nd APPLICANT

Name (Mr./Mrs./Ms/Miss./Dr./Prof.) _____

Nationality_____Date of Birth_____ID Passport No _____

KRA PIN _____ County _____Sub-County _____

Ward_____

Address P.O. Box_____ Code_____ Town _____

Mobile No_____Email:_____Occupation_____

Work Station_____

Employer_____ Employer Postal Address_____

Tel No_____ Town_____

3rd APPLICANT

Name (Mr./Mrs./Ms/Miss./Dr./Prof.) _____

Nationality_____Date of Birth_____ID Passport No _____

KRA PIN _____ County _____Sub-County _____

Ward_____

Address P.O. Box_____ Code_____ Town _____

Mobile No_____Email:_____Occupation_____

Work Station_____

Employer_____ Employer Postal Address_____

Tel No_____ Town_____

MAGADI SACCO SOCIETY LTD
~Pamoja Tujijenge~

PART D

SIGNING INSTRUCTIONS

Either To Sign ☐ All to Sign ☐ Any Two To Sign ☐ Other(Specify)

PART E

NEXT OF KIN DETAILS (APPLICABLE FOR PERSONAL ACCOUNTS)

Name_____Relationship_____

ID NO (If Applicable)_____

Next of Kin Address _____ Mobile NO. _____

PART F

I LEARNT ABOUT MAGADI SACCO FROM

Media Staff (Name) ☐ _____ Existing Member_____

DEPOSIT CONTRIBUTIONS

Sacco Deposit Contributions Kshs._____ Date_____

Modes of Contribution Check Off ☐ Standing Order (External/Internal) ☐ Cash Deposit ☐

Mpesa Paybill ☐

PART G

M CASH BANKING SERVICE

Please provide this service as perdetails provided below:

Mobile No:_____Account No_____

Mobile phone registered in the name of _____ID No. _____

Sms Alerts: Include the following SMS Alert Services: (Tick required service below). Please note each Sms alert is chareged as per prevailing Sacco trariffs.

Any Account Credit ☐ Balance Enquiry ☐ Any Account Debit ☐

Customer's Signature _____

ATM SERVICE

Would you wish to be issued with an ATM card? Yes ☐ No ☐ Signature: _____

MAGADI SACCO SOCIETY LTD
~Pamoja Tujijenge~

PART H

DECLARATION

I/We confirm that the information I/We have provided herein and the disclosure made are true: and I/We have read and understood the general terms and conditions of the SACCO and undertake to comply, observe and be bound by the same. Further I/We do give Magadi Sacco Ltd authority to share my/our account details and status with authorised CRBs.

Name in full (BLOCK LETTERS) of Authorised Signatories	National ID/Passport No.	Specimen Signature(s)

PART I

FOR OFFICIAL USE ONLY

Details Captured By:

Name_____Signature_____Date_____

Details Verified By:

Name_____Signature_____Date_____

I confirm that I have verified that all the details have been completed in accordance with KYC procedures and that all the relevant documents are attached. I confirm acceptance of the customer relationship with Magadi Sacco Ltd.

Approved by

Name_____Designation: _____

Signature_____Date_____

ACCOUNT OPENING CHECK LIST

Original ID/Passport Sighted	☐	Specimen Signature Obtained	☐	ATM Services Data Keyed in	☐
M Cash Banking Data Keyed in	☐	ID's/Passport Coples Obtained	☐	Application Details Completed	☐
Photo Taken	☐	Signature Scanned	☐	Terms and Conditions Signed	☐