

KENYA HIGHLANDS SACCO SOCIETY LTD.

LICENSED AND REGULATED BY SACCO SOCIETIES REGULATORY AUTHORITY - SASRA

P.O. Box 2085, KERICHO. Cell Phone: 0719 471 633



Serial No.

Affix
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MEMBERSHIP & ACCOUNT OPENING APPLICATION FORM

***Please Complete Your Details in Capital Letters**

***Attach a Copy of your National I.D or Passport**

1. DETAILS OF THE APPLICATION *(Tick where appropriate)*

Mr./Mrs./ Miss/Dr./ Prof. (As per I.D) _____
Staff/Payroll No./ Grower No. _____ Gender: Female Male
Zone/Residence _____ Marital Status: Single Married
Date of Birth _____
I.D No./ Passport No. _____ Nationality _____
County _____ Sub-County _____ Division _____
Location _____ Sub - Location _____
Postal Address _____ Postal Code _____ Town _____
Physical Residence _____
Mobile Phone Number _____
Email Address _____
Next of Kin _____ I.D No. _____ Relationship _____

Member Introduced by (Referees)

1. _____ M/No./ A/C No. _____
2. _____ M/No./ A/C No. _____

2. EMPLOYMENT DETAILS *(For employed members Tick where appropriate)*

Self Employed Salaried Retired
Name of Employer _____ Telephone No. _____
Postal Address _____ Postal Code _____ Town _____
Occupation/ Designation _____
Physical Location _____
Have you been a member before Yes No

3. MINOR DETAILS *(To be completed for Lakwet Account application)*

Name of the child _____ Birth Certificate No. _____
Gender Male Female
Relationship with the Applicant _____

SIGNING MANDATE

I agree that the following Signature(s) will make a valid transaction with Kenya Highland Sacco Ltd. (For Signatory Status it can be a Member or an Authorized person)

1. Full Name(s) _____ I.D No. _____

Signatory Status _____ Signature _____ Date _____

2. Full Name(s) _____ I.D No. _____

Signatory Status _____ Signature _____ Date _____

4. CONTRIBUTION DETAILS

I wish to make a monthly contribution of Kshs. _____

Effective date (dd/mm/yy) _____

Proposed mode of remittances Check Off Standing Order Cash Deposit

Have you ever been a member of Kenya Highlands Sacco Society Ltd in the past if Yes provide Membership No. _____

Have you ever been a member of another Sacco _____ which one _____

5. FOSA ACCOUNT DETAILS (Tick where appropriate)

I hereby apply for an account as follows:

Ordinary Savings A/C Bizmart A/C Lakwet A/C Lengut A/C

6. OTHER SERVICES (Tick where appropriate)

Issue ATM Card Mobile Banking Facility SMS Alerts

7. DECLARATION

I confirm that the information given above is true to the best of my knowledge. By signing on this form, I request you to open an account in my name(s) provided. I agree to abide by the by-laws of this society.

I agree that this account shall be operated solely at the discretion of the society and hereby indemnify the society at my cost, against any cost incurred or claims arising out of the account.

Applicant's Signature _____ Date _____

8. FOR OFFICIAL USE

A/C No. Date of Admission

Created by Date

Approved by FOSA Manager Membership No.

Introduced by (Staff/ Delegate/ Director)

Signature Staff/Membership No.