

**KEBISONI CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED**

APPLICATION FOR GROUP/INSTITUTION ACCOUNT OPENING.

a) **GROUP PROFILE/DATA**

DATE ...../...../.....

1. APPLICANTS FULL NAMES.....

.....

2. RESIDENTIAL ADDRESS.....

3. DATE OF FORMATION/INCORPORATION ..... /..... /.....

**(b)SAVINGS PARTICULARS**

Our first savings deposit is .....

Entrance fee of .....

Stationery .....

Share capital .....

Life Insurance .....

**Total** .....

Other Bankers

1..... 2.....

The minimum 1<sup>st</sup> savings balance of institution/Group is.....

**(C) SHARE CAPITAL PARTICULARS.**

Number of shares applied for.....

The minimum number of shares of a group/institution can buy are.....the maximum number of share is subject to the society's bye-laws and the co-operatives Act.

**DECLARATION**

We the undersigned agree to abide by the society bye-laws and the co-operative Act which govern subscription for shares, savings and membership.

**GROUP/INSTITUTION EXECUTIVE COMMITTEE**

NAME	TITLE	TELEPHONE
1.....	.....	.....

NIN..... SIGNATURE .....

NAME	TITLE	TELEPHONE
2.....	.....	.....

NIN..... SIGNATURE.....

NAME	TITLE	TELEPHONE
3.....	.....	.....

NIN..... SIGNATURE.....



**KEBISONI CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED.**

**APPLICATION FORM FOR INDIVIDUAL ACCOUNT OPENING**

**INDIVIDUAL PROFILE/DATA**

1. APPLICANTS, FULL NAME.....

2. RESIDENTIAL ADDRESS

Village.....parish.....

Sub county.....

3. CONTACTS

Tel.....SEX MALE  FEMALE

MARITAL STATUS SINGLE  MARRIED  WIDOWED

D.O.B ...../...../.....

NIN.....

**SAVINGS PARTICULARS.**

Our first savings deposit is .....

Entrance fee of .....

Stationery .....

Share capital .....

Life Insurance .....

**TOTAL** .....

Other bankers

1..... 2.....

The minimum 1<sup>st</sup> savings balance of the institution/group is.....

**SHARE CAPITAL PARTICULARS.**

Number of shares applied for.....

The minimum number of shares of a group/institution can buy are....., the maximum number of share is subject to the society's bye-laws and the cooperatives Act.

In case of death, i nominate the following person to take over my account and all the obligations.

Name.....

Relationship.....

Telephone.....

Residential address.....

**DECLARATION:**

We/I the undersigned agree to abide by the society bye-laws and the cooperative Act which govern subscription for shares, savings and membership.

Signature of applicant.....

**DISCLAIMER**

Management is not party to wrong information that may be provided in due course of filling this application, and filling of this application for purposes other than the above detail subjects will lead to automatic rejection of the application.

**FOR OFFICIAL USE ONLY**

This application has been approved/rejected by the society.

Account number..... Amount received.....

Signed..... Receipt No.....

Manager official stamp

Date..... cashier signature.....











