

KEBISONI CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED

APPLICATION FORM FOR JUNIOR/MINOR ACCOUNT OPENING

MINOR PROFILE/DATA

APPLICATION, FULL NAME

.....

RESIDENTIAL ADDRESS

Village.....ParishSub-county.....

Date of birth as per birth certificate/Baptism card

...../...../.....

SEX: Male

Female

PARENT'S /GUARDIAN

Name:

Tel :SEX: Male

Female

MARITAL STATUS: Single

Married

Widowed

Date of birth/...../.....

NIN.....

SAVINGS PARTICULARS

Our first savings deposit is

Entrance fee of

Stationary

TOTAL

Other bankers

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

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

Name

Relationship

Telephone

Residential address

DECLAIRATION

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