



2NK SACCO SOCIETY LTD.

ACCOUNT OPENING APPLICATION FORM

#Web00

Branch _____

Date _____

Please complete this form in block (**CAPITAL**) letters.

I/We wish to open the following account and undertake to comply, observe and be bound by the Terms and Conditions and tariffs made by the Sacco in force and as amended from time to time pertaining to such accounts per the general Terms and Conditions document availed and read to me.

A/C Type Savings A/C Salary A/C Group A/C 2NK Little Angel A/C Joint A/C

Account Name _____

Authorized Person _____ ID No. _____

Account Number

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First Name	Middle Name	Last Name
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ID/Passport Number	Date of Birth (dd/mm/yy)
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Postal Address	Postal Code	Town
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C/O (Where Applicable) _____

Mobile No. 1	Mobile No. 2	Residential Area
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Contact Person	Mobile No.	Postal Address and code of contact Person
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Employer's/Company Name	
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Employer's Postal Address	Postal Code & Town	Telephone: Office
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Occupation/Business	Personal Email
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Other Accounts Currently Held with us	Account No.
Account Name: _____	_____

Account Name: _____	_____
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Name of Child:	Child 1	Child 2	Child 3	Child 4	Child 5
First Name					
Middle Name					
Surname					
Date of Birth					
Birth Certificate No. of Child					
Gender					

Signing Instructions: Sole

With Both

Other _____

Account Holder Signature	Authorized Person Signature	Capture Photo
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Names	ID	Tel	Signature
1.			
2.			
3.			
4.			
5.			

Group Name _____

Economic Activity _____

Location (Physical Address) _____

Postal Address and Code of Contact: _____

Signing Instruction (Mode of Operation) _____

For Official Use Only

Customer Information Checklist

- Valid Identification Documents Obtained & Authenticated
- Customer Contact Information Available
- Photograph Obtained/Captured and authenticated
- Mandated Signature Obtained
- Blacklist Checked

Account Opened by: Name _____ Signature & Stamp _____

BRANCH MANAGER

Accounted Verified by: Name _____ Signature & Stamp _____

TO THE 2NK SACCO SOCIETY LTD.

I agree that this account shall be operated solely at the discretion of the Sacco and hereby agree to indemnify the Sacco at my cost against any loss or claims arising out of the account being closed by the Sacco without notice due to unsatisfactory performance. I confirm that I have read and understood the contents thereof.

This day _____ Month _____ Year _____ and which I accept

Signed _____