



2NK SACCO SOCIETY LTD.

Head office: Kangaru Corner House next to Post Bank
P.O. Box 12196 - 10100 Nyeri Tel: +254 061 2030340 Customer Care: 0721374310
Email: info@2nksacco.co.ke Website: www.2nksacco.co.ke

ACCOUNT OPENING APPLICATION FORM

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.

Ordinary A/C Salary A/C Group A/C Corporate A/C Joint A/C Little Angel A/C

PERSONAL DETAILS

Customer's Name (Mr./Mrs./Miss.) _____

Account Name _____

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

National ID No. _____ KRA Pin No. _____

Date of Birth _____ Marital Status _____

Gender _____ Nationality _____

County _____ District _____

Division _____

CONTACT DETAILS

Post office address No _____ Postal Code _____

Mobile No _____ Alternative No _____

Physical Location _____ Email Address _____

Contact Person _____ Contact Person Phone _____

Introduced by _____

EMPLOYMENT DETAILS

Employer _____

Employment No _____ Date Employed _____

Profession _____

NEXT OF KIN DETAILS

Next of Kin Name _____

Next of Kin ID No. _____ Mobile No _____

Relationship _____ Date of Birth _____

Signing Instructions: Sole With Both Other _____

Account Holder Signature	Authorized Person Signature	Capture Photo
--------------------------	-----------------------------	---------------

GROUP/CORPORATE ACCOUNT SIGNATORY DETAILS

Names	ID	Tel	Signature
1.			
2.			
3.			
4.			

Group /Organization Name _____ Economic Activity _____

Location (Physical Address) _____ Postal Address _____

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 _____