Singly	nority or the Account Mand Either to sign	All of us jointly	ate) Any two to sign		
DECLARATION I/We confirm to a) The information I/We have referenced by I/We ha) DN	rein and the disclosure od the General Terms a		ACCO and	
	Names in full (BLOCK LETTERS) of Authorised Signatories		National ID / Passport No.		
1st Applicant	1st Applicant				
2nd Applican	t				
3rd Applicant	3rd Applicant				
4th Applicant					
	LUSEONLY	Branch Date of Admission M/No			
Recruiting Off	icer				
	NAME OF STAI	r - F	Date		
	Form completed by	/in presence of	Details of input by	Account verified by	
Initials/ Sign.					
Date Signed					
DOCUMENTS REQUIRED CHECK LIST Original ID's / Passport sighted ID's / Passports copies obtained Application Details completed I confirm that all the above details have been completed in accordance with KYC procedures and that relevant documents are attached. I confirm acceptance of this member relationship with DAIMA SACCO-FOSA					
Operations M	lanager/Branch Manager	Signature			

WRITE NAME

DAIMA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED.



A DEPOSIT TAKING SACCO LICENCED AND REGULATED BY THE SACCO SOCIETIES REGULATORY

AUTHORITY (SASRA) NO. 6267

Manyatta Market, Kathangariri, Kiriari, Kianjokoma, Ishiara, Kibugu, Embu, kiritiri

And Siakago

Mobile -0758 362 003 Email info@daimasaccoltd.com

www.daimasaccosociety.com

PERSONAL/JOINT ACCOUNT OPENING FORM

FOR OFFICIAL US	SE ONLY				
Branch	Member ID No.	Date			
Account No.					
I/we wish to open an account at DAIMA SACCO LTD and undertake to comply, observe and be bound by the General Terms and Conditions in force from time to time governing the operation of accounts with the SACCO.					
TYPE OF ACCOUNT	Ordinary Bidii Business	Holiday Junior Joint			
PERSONAL ACCOUN	NT HOLDER				
AccountName					
1ST APPLICANT					
Full Names (Mr./Mrs./Ms/Miss./Dr./Prof.)					
Nationality	Date of Birth	ID/Passport No.			
Birth Certificate/Notification No.					
Sub-county		County			
Marital Status	Mobile 1	No			
MailingAddress: P.OB	ox	Code			
Personal No	Email	Work station			
Occupation		Employer			
Employer's Postal Addr	ress				
Nominee		Relationship			
Next of Kin		Address			
ID/ Passport No.		email:			
Mobile for NextofKin:					

JOINT ACCOUNT HOLDER (FOR JOINT ACCOUNT)

IF NOT REQUIRED INDICATE N/A

2ND APPLICANT				
Full Names (Mr/Mrs./Ms/ Miss/ Dr/ Prof)				
Nationality	Date of Birth		_ID/Passport No	
Sub-County	County			
Mailing Address: P.O. Box			Code	
Tel. Office	Mobile No			
Email				
Employment / Occupation Details				
3RD APPLICANT				
Full Names (Mr/Mrs./Ms/ Miss/ Dr/ Prof)				
Nationality				
Sub-County			·	
	ailing Address: P.O. BoxCode			
Email				
Employment / Occupation Details_				
Employment / Occupation Details				
4TH APPLICANT				
Full Names (Mr/Mrs./Ms/ Miss/ Dr/ Prof)				
Nationality				
Sub-County				
- Cas County		oou.ny		
Mailing Address: P.O. Box			Code	
Tel. Office	Mobile No			
Email				
Employment / Occupation Details				

(A) APPLICATION FOR MEMBERSHIP

	I hereby make an application for membership and agree to a bid by the co-operative society's By-laws and
	any amendments made therein from time to time. I have enclosed Ksh.
	entrance fee.
	DEDUCTION OF MONTHLY DEPOSITS
	I hereby authorize you to deduct a monthly standing order of Ksh. (in figure),
	(in words)from my
	salary/ savings Account on a monthly basis towards my deposits with effect from (dd/mm/yy)
	Have you been a member before. Yes No
(B)	M-BANKING REGISTRATION
	Would you like to be registered for mobile banking service YES, NO
	Use of m0bile money is subject to M-banking terms and conditions

MEMBERSHIP TERMS & CONDITIONS

MEMBERSHIP ELIGIBILITY

Any natural, legal or a group of person(s) eligible for membership of the society may apply to be members by completing an "application for membership" form, and may be admitted if they meet the following requirements:

- a) Is within the field of membership provided for in the bylaws.
- b) Is not less than eighteen years of age.
- c) Is not directly, a money lender or carrying out such activities detrimental to the objectives of the Society is of good character.
- d) Has regular income from employment, business or trade.
- e) Has paid entrance fee and minimum shares as prescribed in the membership policy.
- f) Has filled a nominee form (Next of Kin)
- g) Has understood the objectives of the Society, his obligations as a member and other membership requirements as stated in the By-laws.