nation DT SACCO

Fulfilling Dreams

CORPORATE MEMBERSHIP APPLICATION FORM

To be filled by a company or group-chama only

Membership No..... FOSA A/c No.....

Applicant information

Name of entity: .....

Type of organization (Partnership, Company, Association, Club *(specify)* : ....

Date of incorporation: ..... Registration No: .....

Registered offices *(Physical address)* .....

Postal Address .....Code .....Town.....

Office Tel No: .....Email Address .....

Contact Person 1..... Tel No.....

2..... Tel No.....

3..... Tel No.....

Nature of Business.....

Directors and Signatories

Details	1st Signatory	2nd Signatory	3rd Signatory	4th Signatory
Name				
ID No.				
Designation				
Date of Birth				
Nationality				
Tel No				
Email Address				
Box No.				
Signature				
Attach passport size Photo for each signatory				

Main source of income.....

Average monthly turnover *(Ksh.)*

☐ Less than 50,000 ☐ 50,000– 200,000 ☐ 200,000 –500,000 ☐ 500,000 -1M ☐ Above 1M

Preferred monthly deposit: Ksh..... In words .....

Effective date ..... Mode of remittance .....

Mode of withdrawal .....

SIGNING INSTRUCTIONS……..

AUTHORISED WITHDRAWAL OFFICER 1……

AUTHORISED WITHDRAWAL OFFICER 2……

AUTHORISED WITHDRAWAL OFFICER 3……

AUTHORISED WITHDRAWAL OFFICER 4……

INDEMNITY CLAUSE

We, the Directors of …….. agree that this account shall be operated solely at the discretion of Nation SACCO and hereby indemnify the Nation SACCO at our cost against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactory performance.

Name of Director 1……Signature……Date ……

Name of Director 2……Signature……Date ……

Name of Director 3……Signature……Date ……

Name of Director 4……Signature……Date ……

stamp

Witnessed/verified By:

Name…….. Signature:…….. Staff No:……

FOR OFFICIAL USE

This Account has been Registered as a company Account No……Membership No……

Account Opened by: …….. Signature …….. Date ……

Account Authorized by: …….. Signature …….. Date ……

Comments:……