KUSASA

CREATING OPPORTUNITIES FOR ALL

APPLICATION FOR OPENING SAVINGS ACCOUNT

PLEASE COMPLETE THIS FORM IN BLOCK CAPITAL LETTERS AND TICK WHERE APPLICABLE

I/We the undersigned make an application to open an Account with KUSASA …….. Branch and undertake to comply, observe and abide with all regulations of KUSASA which are subject to changes from time to time.

Tick	Account Type	Account. Number (Bank to Fill)											
	Sacco/Corporate Saving Account												
	Group Savings Account												
	Join Account												

Account Name:_____

Account Details

Postal Address	Postal Code	Town
Telephone	Email	
Nature of Business		
Physical Address	Street/Road	Building
Date of Incorporation/Registration	Registration No.	
K.R.A Pin Number		

Affix Passport Size Photo

Or Indicate Photo No.

FULL NAMES OF SIGNATORIES	DESIGNATION	ID. NUMBER	SIGNATURE	MOBILE NO.
1.				
2.				
3.				
4.				

Signing Instructions (Tick Appropriately)

Any One ☐ Any Two ☐ Any Three ☐ Any Four ☐

(For Official Use Only)

Account Opened By Kusco Staff: ……..... Name …….. Signature ……..…… …… Date …… Branch

Account Details Posted In the system By: ……. Name …….. Signature ……..…… Date

Approved By: Name…… Signature…… Date…..……