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)											
	Ordinary Savings Account												
	Junior Saving Account												
	Fixed Deposit Account												
	Vijanaa Sasa Savings Account												

Details of Applicant

First Name	Middle Name	Last Name
ID/Passport Number	Date of Birth	
Postal Address	Postal Code	Town
Mobile Number	Other Mobile Number	Email Address
Spouse Name	ID No.	Tel No.
Next of Kin/Relationship	Mobile Number(if any)	
Alternative Contact Person	Relationship	Their Mobile Number
Their Postal Address	Postal Code	Town
My Occupation/Business	My Employer/ Business Name	Employer Postal Address
Business Location	Building (if any)	Business Postal Address
Sacco Name:		

For Junior Savings Account (Fill the following section)

Tick appropriately- Child is Male ☐ Female ☐

Childs Surname	First Name	Middle Name
Date of Birth	Child Birth Certificate Number	

Mr./Mrs. Miss…….is fully empowered to draw and sign withdrawals/receipts on my account for which this shall be full and sufficient authority to you and your managers, clerks, officers and shall be binding upon and all persons claiming from or under me.

NB: The empowered person must provide a copy of ID, passport photo and specimen signature.

Signed by me this day the

___/___/20_____

Members Signature

Affix Passport Size Photo

Or Indicate Photo No.

(For Official Use Only)

Account Opened By Kuscco Staff	…….. Name	…….. Signature	……..…… Date	……..…… Branch
Account Details Posted In the system By:	…… Name	…….. Signature	……..…… Date	

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