

TRANS- COUNTIES SACCO SOCIETY LTD

INDIVIDUAL MEMBERSHIP APPLICATION FORM

FORM NUMBER



I HEREBY APPLY FOR MEMBERSHIP AND AGREE TO CONFORM AND ABIDE BY THE SOCIETY'S BY LAWS, INTERNAL RULES AND REGULATIONS AND AMMENDMENTS THEREOF

APPLICANTS DETAILS

FIRST NAME

MIDDLE NAME

LAST NAME

ID NUMBER

NATIONALITY

DATE OF BIRTH

MOBILE PHONE NUMBER

ALTERNATIVE NUMBER

EMAIL ADDRESS

GENDER

MALE FEMALE

MARITAL STATUS

MARRIED SINGLE

SOURCE OF FUNDS

SPECIFY YOUR SOURCE OF FUNDS

OCCUPATION

POSTAL ADDRESS

POSTAL CODE

POSTAL TOWN/CITY

COUNTY OF RESIDENCE

DISTRICT

DIVISION

LOCATION

SUB-LOCATION

VILLAGE

I HEREBY APPLY FOR

FOSA/BOSA ACCOUNT SALARY ACCOUNT FIXED DEPOSIT ACCOUNT

REFEREES NAME

ACCOUNT NUMBER

MEMBERSHIP NUMBER

NEXT OF KIN NAMES

I.D.NO

RELATIONSHIP

NEXT OF KIN'S MOBILE NUMBER

ACCOUNT SIGNATORIES NAMES

I.D.NO

RELATIONSHIP

CONTACTS

I HEREBY AUTHORIZE TRANS-COUNTIES SACCO SOCIETY LTD TO REGISTER THIS ACCOUNT FOR M-BANKING IF YES, PROVIDE YOUR NUMBER BELOW

INDEMNITY CLAUSE

I AGREE THAT THIS ACCOUNT SHALL BE OPERATED SOLELY AT THE DISCRETION OF THE SACCO AND HEREBY AGREE TO INDEMNIFY THE SACCO AT THE COST AGAINST ANY LOSS INCURRED OR CLAIMS ARISING OUT OF THE ACCOUNT BEING CLOSED BY THE SACCO WITHOUT NOTICE BECAUSE OF UNSATISFACTORY PERFORMANCE

NAMES

SIGNATURE

DATE

FOR OFFICIAL USE ONLY

MEMBERSHIP NUMBER (BOSA)

ACCOUNT NUMBER (FOSA)

OPENED BY

DATE

SIGNATURE OF OFFICIAL

APPROVAL STAMP

COPY OF I.D FRONT

COPY OF I.D REAR