

TRANS- COUNTIES SACCO SOCIETY LTD



FORM NUMBER

INDIVIDUAL MEMBERSHIP APPLICATION FORM

I hereby apply for membership and agree to conform and abide by the society's by-laws, internal rules and regulations and amendments thereof.

APPLICANTS DETAILS

FIRST NAME

MIDDLE NAME

LAST NAME

ID NUMBER

NATIONALITY

DATE OF BIRTH

TELEPHONE NUMBER

ALTERNATIVE NUMBER

EMAIL ADDRESS

GENDER

MARITAL STATUS

SOURCE OF FUNDS

MALE

FEMALE

MARRIED

SINGLE

SPECIFY YOUR SOURCE OF FUNDS

OCCUPATION

POSTAL ADDRESS

CODE

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

MEMBERSHIP NO

CONTACTS

OCCUPATION

NEXT OF KIN

NAMES

I.D.NO

RELATIONSHIP

MOBILE NUMBER

ACCOUNT SIGNATORIES

NAMES

I.D.NO

CONTACTS

MOBILE BANKING SERVICES*477#

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

OPENED BY:

DATE

SIGNATURE

APPROVAL STAMP

