

Signature authority or the Account Mandate: (Tick as appropriate)
 Singly Either to sign All of us jointly Any two to sign
 Other (Specify) _____



ACUMEN SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED.

A DEPOSIT TAKING SACCO LICENCED AND REGULATED BY THE SACCO SOCIETIES REGULATORY AUTHORITY (SASRA), LICENSE NO. SS/191/20
 P.O. BOX 1325-00200, NAIROBI. KENYA,
 CELL: 0713 805770, 0771878770, 0782 805770
 E-mail; info@acumensacco.co.ke/ Website: www.acumensacco.co.ke

(Together we prosper)

DECLARATION

I/We confirm that:
 a) The information I/We have provided herein and the disclosures made are true; and
 b) I/We have received read and understood the General Terms and Conditions of the SACCO and undertake to comply, observe and be bound by the same.

Name in full (Block Letters) of authorized signatories	National Id/Passport No	Specimen Signature
1st Applicant		
2nd Applicant		
3rd Applicant		
4th Applicant		

PERSONAL/JOINT / GROUP ACCOUNT OPENING FORM

FOR OFFICIAL USE ONLY

Branch _____ Customer ID No. _____ Date _____

Account No

I/we wish to open an account at **ACUMEN SACCO LTD** and undertake to comply, observe and be bound by the General Terms and Conditions in force from time to time governing the operation of accounts with the SACCO.

TYPE OF ACCOUNT Current Salary Other (Specify _____)

Account Name _____

GROUP /WELFARE/ COMPANY DETAILS

Registered name: _____ Date of registration: _____ Registration number: _____ Email address: _____ Phone no.: _____

KRA PIN no. : _____ Postal address: _____

1ST APPLICANT

Full Names (Mr./Mrs./Ms/Miss./Dr./Prof.) _____

Nationality _____ Date of Birth _____ ID/Passport No. _____

Sub-county _____ County _____

Marital Status _____ Mobile No. _____

Mailing Address: P.O Box _____ Code _____

Employment No. _____ KRA PIN _____ Email _____

Source of income _____

Estimated monthly turnover _____

Next of Kin _____ Relationship _____

ID/ Passport No. _____

Next of Kin Address _____

Mobile: _____

FOR OFFICIAL USE ONLY

Branch _____

Account No Date of Admission _____

Account Name _____ M/No _____

Name of staff _____ Signature _____

Date

	Form completed by/in presence of	Details of input by	Account verified by
Initials/ Sign.			
Date Signed			

DOCUMENTS REQUIRED CHECK LIST

- Original ID's / Passport sighted
- ID's / Passports copies obtained
- Application Details completed
- Specimen Signature Obtained
- Cheque book ordered
- Mandate forms completed

I confirm that all the above details have been completed in accordance with KYC procedures and that relevant documents are attached. I confirm acceptance of this customer relationship with ACUMEN SACCO-FOSA
 Marketing Manager/Branch Manager _____ Signature _____

WRITE NAME

Date

JOINT ACCOUNT HOLDER (FOR JOINT ACCOUNT)

IF NOT REQUIRED INDICATE N/A

2ND APPLICANT

Full Names (Mr/Mrs./Ms/ Miss/ Dr/ Prof) _____

Nationality _____ Date of Birth _____ ID/Passport No. _____

Sub-County _____ County _____

Mailing Address: P.O. Box _____ Code _____

Tel. Office _____ Mobile No. _____

Email _____

Employment / Occupation Details _____

3RD APPLICANT

Full Names (Mr/Mrs./Ms/ Miss/ Dr/ Prof) _____

Nationality _____ Date of Birth _____ ID/Passport No. _____

Sub-County _____ County _____

Mailing Address: P.O. Box _____ Code _____

Tel. Office _____ Mobile No. _____

Email _____

Employment / Occupation Details _____

4TH APPLICANT

Full Names (Mr/Mrs./Ms/ Miss/ Dr/ Prof) _____

Nationality _____ Date of Birth _____ ID/Passport No. _____

Sub-County _____ County _____

Mailing Address: P.O. Box _____ Code _____

Tel. Office _____ Mobile No. _____

Email _____

Employment / Occupation Details _____

(A) APPLICATION FOR MEMBERSHIP

I hereby make an application for membership and agree to abide by the co-operative society's By-laws and any amendments made therein from time to time. I have enclosed Ksh. 1000 / Ksh.2000

being the entrance fee.

DEDUCTION OF MONTHLY DEPOSITS

I hereby authorize you to deduct a monthly standing order of Ksh. (in figure) _____, (in words) _____ from my

salary/ savings Account on a monthly basis towards my deposits with effect from (dd/mm/yy) _____

Have you been a member before. Yes No

(B) MOBILE BANKING REGISTRATION

Would you like to be registered for mobile banking service YES NO

Use of mobile banking service is subject to Acumen Sacco Society Ltd's terms and conditions

(C) SACCO LINK CARD

APPLICATION (ATM)

Would you like to apply for a Sacco link card (ATM)

YES NO

Declaration by the Card Applicant

I authorise Acumen SACCO to issue an ATM card to my account and warrant that the information given above is true and complete. I authorize you to make any enquiries necessary in connection with the application. I accept and agree to be bound by the conditions of use, detailed overleaf (as amended from time to time). I agree that I am liable for all charges incurred through the use of this card. I understand that my application can be declined by Acumen SACCO without giving reasons to the extent permitted by law.

Applicant's Signature: _____ Date _____