



**APPLICATION TO OPEN A FOSA PERSONAL ACCOUNT**

**ACCOUNT TYPE (Please tick the selected account type)**

SPECIAL SAVING A/C	<input type="checkbox"/>	GOLDEN SAVING A/C	<input type="checkbox"/>
FIXED SAVING A/C	<input type="checkbox"/>	JUNIOR SAVING A/C	<input type="checkbox"/>

JUNIOR/ SPECIAL SAVINGS MONTHLY CONTRIBUTION: .....

**PERSONAL DETAILS**

FIRST NAME .....MIDDLE NAME .....

SURNAME.....

ID/PP NO:.....DATE OF BIRTH.....

RESIDENCE.....DISTRICT.....

LOCATION.....SUB-LOCATION.....

EMAIL ADDRESS.....

P.O BOX.....POSTAL CODE.....

TOWN.....COUNTRY.....

MOBILE PHONE .....OFFICE PHONE.....

EMPLOYER.....STAFF NO.....

EMPLOYERS ADDRESS.....POSTAL CODE.....

PRESENT BANKERS.....BRANCH.....

NEXT OF KIN.....RELATIONSHIP.....

**FOR JUNIOR TAKE OFF (Attach birth certificate)**

NAMES OF CHILD.....

DATE OF BIRTH .....GENDER.....

**REFEREE DETAILS**

NAME .....

ID /PP NO.....STAFF NO.....

FOSA A/C NO.....SIGNATURE.....

Wanandegge Sacco Limited is the custodian of your data in compliance with Data Protection Act, 2019. The SACCO may disclose your Personal Data to 3rd Parties in good faith. This may be necessitated by but not limited to; legal obligations, loan recovery and IT Systems service providers contracted to work for the Sacco. By submitting this form, you are consenting to the above.

**INDEMNITY;**

I the undersigned understand that the account shall be operated solely at the discretion of the Sacco and hereby agree to indemnify the Sacco at my cost against any loss or claims arising out if the account being closed by the Sacco without notice due it unsatisfactory performance.

SIGNATURE .....DATE.....

**FOR OFFICIAL USE ONLY**

COMPANY CODE.....ACCOUNT NO.....

ACCOUNT OPENED BY:.....SIGNATURE.....DATE.....

VERIFIED BY.....SIGNATURE .....DATE.....

**CHECK LISTS**

ID PHOTOCOPY PROVIDED

FORM FULLY FILLED AND SIGNED

COMPANY CODE SELECTED AND PUT

PHOTOGRAPH AND SIGNATURE CAPTURED IN THE SYSTEM