



JAMII CO-OPERATIVE SAVINGS AND CREDIT SOCIETY

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ASSET FINANCE SAVINGS ACCOUNT APPLICATION FORM

Complete your Details in Capital Letters and attach the following Documents:

- ❖ Applicants ID /passport copy.
- ❖ Applicants passport size photo.
- ❖ Copy of next of kin ID/Passport/birth certificate if a minor.
- ❖ Minimum monthly savings of **Kshs.500**

SURNAME: MIDDLE: OTHERS:

MR./MRS./DR./MISS./MS.		MEMBER NUMBER		DATE OF BIRTH (DD/MM/YY)	
MARITAL STATUS		NATIONALITY		ID/ PASSPORT	
EMAIL ADDRESS		PHYSICAL RESIDENCE		MOBILE PHONE NO	
POSTAL ADDRESS		POSTAL CODE		COUNTY	
EMPLOYER		STATION		SUB -COUNTY	

(To be completed by salaried Members)

NAME OF EMPLOYER		DESIGNATION		PHYSICAL LOCATION	
POSTAL ADDRESS		KRA PIN NO		TOWN	
TELEPHONE NUMBER		PAYROLL NUMBER		TERMS OF EMPLOYMENT Permanent/contract	

(To be completed by a business Member)

BUSINESS NAME		BUSINESS PHYSICAL LOCATION	
POSTAL ADDRESS		NATURE OF BUSINESS	
APPROXIMATE MONTHLY INCOME (KSHS)		KRA PIN NO	

I wish to make a monthly contribution of Kshs; Effective date (MM/YY)

Proposed mode of remittance: Checkoff Standing order Cash M-pesa Paybill Other (specify)

NEXT OF KIN/NOMINEE/GUARDIAN INFORMATION.(COMPULSORY)

Name(s)	RELATIONSHIP	ID NUMBER	MOBILE NO	DATE OF BIRTH	% ALLOCATION

I confirm that the information given above is true to the best of my knowledge. By signing on this form, I request you to open an account in my name(s) provided. I agree to abide by the By-laws of Jamii Sacco, Its products and services issuance and usage
 I agree that this account shall be operated solely at the discretion of the society and hereby indemnify the society at my cost, against any cost incurred or claims arising out of the account.

Please sign in the (2) Spaces provided:

Date: