



KITUI TEACHERS SACCO SOCIETY LIMITED

**BUSINESS MEMBERSHIP/ACCOUNT OPENING FORM**

**SECTION A**

SACCO BRANCH.....DATE: 

D	D	M	M	Y	Y	Y	Y
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Type of customer (tick appropriately) New Member  Rejoining Member

Business Name..... Period of Existence.....

Nature of Business ..... KRA PIN No.....Number of Employees.....

Business Reg. Certificate. No.....Business Permit No .....

Business Location ..... County.....Sub County.....

Present Address ..... Postal Code. ....

Next of Kin name..... Relationship..... Mobile no.....

Introduced/Recruited by.....Staff/Board/Member Name.....M/No.....

**SECTION B**

Account Name.....Date A/C Opened 

D	D	M	M	Y	Y	Y	Y
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New account 

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Existing Account 

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**Card services**

Would you like to be issued with an ATM Card? Yes  No

**Mobile Banking**

Would you like to register for Mobile Banking Services for this Account? Yes  No

If yes enter the Phone number to be linked .....



KITUI TEACHERS SACCO SOCIETY LIMITED

DECLARATION BY BUSINESS

Name of Business..... Do hereby commit myself to be remitting.....Kes 250 Weekly or Kes 1000 monthly until further notice.

Signature..... Left Thumb



Date .....

FOR OFFICIAL USE ONLY

I hereby certify that the above Business Entity has been maintained in our records and paid entrance fee.

Membership number..... Entrance fee.....

Account Maintained By:.....Design.....Sign..... Date.....

Account Opened By:.....Design..... Sign..... Date.....

Verified By:.....Design.....Sign.....Date.....

***Nb: Requirements (Id Copy, KRA Pin Certificate, Business Permit)***