



KITUI TEACHERS DT SACCO SOCIETY LIMITED

MEMBERSHIP FORM FOR SMALL AND MEDIUM ENTERPRICES (SMEs)

SACCO BRANCH..... **DATE:**

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

Type of enterprise (tick appropriately) Limited company Religious Government entities
Institutions Others

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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Membership Number.....

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

SECTION A: ENTERPRISE DETAILS

Certificate of incorporation/ Registration Number-----

Date of incorporation/Registration-----

County of business registration-----

County of Operation -----

Physical Address-----

Building----- Street/Road-----

Postal Address ----- Postal Code-----Town-----

Telephone Number----- Alternative Number -----

Em KRA PIN----- Email Address-----

Contact Person Name----- Contact person phone number-----

Nature of Business----- Industry/Sector: -----

Main source of funds----- Other source of funds-----



KITUI TEACHERS DT SACCO SOCIETY LIMITED

SECTION B: LIST OF DIRECTORS

NAME	ID/PASSPORT NUMBER
1.-----	-----
2.-----	-----
3.-----	-----
4.-----	-----
5.-----	-----
6.-----	-----

SECTION C: PRODUCTS REQUIRED (Tick Appropriately)

I/We wish to open the following account (s), and obtain the related services. I/We undertake to comply, observe and be bound by the terms and conditions and tariffs set by the Kitui Teachers Sacco Society Ltd and as amended from time to time pertaining to the services provided to us by the Society.

Purpose of the Account:

- Business
- Collections
- Savings
- Others (Specify).....

SECTION D: SIGNATORIES

Signatory 1

NameId/NoPhone No

Next of Kin..... Relationship..... phone no.....

Date Signature.....

Signatory 2

NameId/NoPhone No

Next of Kin..... Relationship..... phone no.....

Date Signature.....



KITUI TEACHERS DT SACCO SOCIETY LIMITED

Signatory 3

NameId/NoPhone No
Next of Kin..... Relationship..... phone no.....
Date Signature.....

Signatory 4

NameId/NoPhone No
Next of Kin..... Relationship..... phone no.....
Date Signature.....

I/We agree that this account with KITUI TEACHERS DT SACCO LIMITED shall be operated solely at the discretion of the SACCO and agree to hereby indemnify the SACCO at my/our cost against any loss or claims arising out of the account being closed by the SACCO without notice due to unsatisfactory performance. I/We authorize the SACCO to uses my/our contact details to send information about products and services including but not limited to offers and promotions. I/we confirm having read and understood the general terms and conditions available on the societies website or such other website as the society may designate as its official website from time to time on this day DD/MM/YYYY and which I/We accept. I/We also confirm and accept that the terms and conditions may be amended by the society and any such terms and conditions are available on the societies website.

FOR OFFICIAL USE ONLY

ACCOUNT MAINTAINED BY.....DESIGN.SIGNDATE

ACCOUNT OPENED BY.....DESIGN.SIGNDATE

VERIFIED BYDESIGN.SIGNDATE