

MHASIBU SACCO SOCIETY LIMITED



SCAN HERE TO ACCESS
OUR WEBSITE

ABSA Towers, 8th Floor
Tel. +254 020 5141900
P.O Box 31295-00600
Email: info@mhasibusacco.com

MHASIBU JUNIOR ACCOUNT OPENING FORM

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

1. Copy of Birth Certificate/Birth Notification/ Passport.
2. Passport photo.
3. Copy of nominee's ID/Passport.

1. DETAILS OF THE APPLICANT

SURNAME	FIRST NAME	OTHER NAMES	
GENDER	DATE OF BIRTH	BIRTH CERTIFICATE/NOTIFICATION NO./PASSPORT NO.	

2. DETAILS OF THE PARENT

SURNAME	FIRST NAME	OTHER NAMES	
MEMBERSHIP NUMBER	EMAIL	MOBILE NO.	ID NO.

3. NEXT OF KIN (PERSON(S) TO BE CONTACTED IN CASE OF DEMISE)

FULL NAMES	ID NO.	EMAIL	RELATIONSHIP	PHONE NO

4. NOMINEE DETAILS (PERSON(S) TO RECEIVE BENEFITS IN CASE OF DEMISE)

If minor indicate minor instead of ID number.

FULL NAMES	ID NO.	EMAIL	RELATIONSHIP	% ALLOCATION

5. DECLARATION

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 as per the details provided. I agree to abide by the by-laws of this society. I have read and agreed to abide by the Terms and Conditions for this application.

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.

SIGNATURE

DATE

FOR OFFICIAL USE

CAPTURED BY	DATE	SIGNATURE
REVIEWED BY	DATE	SIGNATURE
AUTHENTICATED BY	DATE	SIGNATURE
APPROVED BY	DATE	SIGNATURE

