



KINGDOM SACCO SOCIETY LIMITED

P.O Box 8017 – 00300 Nairobi Tel: 020-2089715 Mobile: 0720 838422
Website: www .kingdomsacco.com

ACCOUNT OPENING APPLICATION FORM

Member Details *	
Unique Identification Number:	Name:
Physical Location:	
Email Address:	
Office Tel No:	
Mobile Tel No:	
Town:	
County:	
General Information:	
Current Bankers:	Branch:
Number of members/Shareholders:	
Are you a member of any other Sacco Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Name:	
Common Bond:	
BOSA Account Details	
Title of the Account:	
Voluntary Assignment	
We undertake to make contributions of Kshson monthly basis.	
1. Signature:	2. Signature:
3. Signature:	4. Signature:
FOSA Account Details	
Title of Account:	
Preferred product:	
Mode of operation: * Any to Sign <input type="checkbox"/> Two to Sign <input type="checkbox"/> Three to Sign <input type="checkbox"/>	
All to Sign <input type="checkbox"/> Others <input type="checkbox"/> (Explain).....	
Alternative Banking Channels	
ATM <input type="checkbox"/> Cheque Book <input type="checkbox"/>	
Sms Banking * <input type="checkbox"/>	SMS Aler <input type="checkbox"/> Preferred Mobile Banking Number:*
e-Statements <input type="checkbox"/>	Email Address: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly <input type="checkbox"/>



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MOBILE BANKING APPLICATION FORM

1. Accounts to be Registered for Mobile Banking:

Account No:	Account Name:	Signing mandate:

2. Signatories to be signed up for Mobile Banking:

Name:	ID Number:	Mobile No:	Withdrawal limit:	Signature:

3. Official use:

Verified by..... Date.....

Approved byDate.....

4. All terms and conditions for use of Kingdom Sacco Mobile Banking services apply: