



WE ARE ISO 9001:2015 CERTIFIED

HOLIDAY SAVINGS ACCOUNT OPENING FORM

You are required to attach a copy of your National Identity card or copy of a valid passport.

Name in full(BLOCK LETTERS)

OrganizationDesignationM/NO

AddressI/D NoEmail Address

Home AddressMobile No

MODE OF PAYMENT

Check off Cash/Cheque Deposit Standing order

NB: Please ensure to indicate your member number on the standing order and submit copy of the standing order /deposit slip to our offices.

AUTHORITY TO DEDUCT FROM SALARY (check off only)

The Accountant.....

I.....hereby authorize you to deduct the sum of Kshs
.....from my salary every month to pay Kimisitu Sacco Ltd with
effect fromuntil

SignatureDate

NOMINEE DETAILS

Next of Kin [Nominee] and Address.....
.....

Next of Kin's relation to Member
.....

SignatureDate