



AC/NO:

GROUP ACCOUNT OPENING FORM

TICK BELOW THE ACCOUNT YOU WISH TO OPEN

Kanisa Account Partnership Prestige
Ikundi Account Corporate/Company Any other

ACCOUNT DETAILS

Account Name _____

Registration No _____ Registration serial No _____

Date established _____

Personal identification (pin) _____ Permanent Address _____ Present Address _____

County _____ Division _____ Location _____

Sub-location _____ Village _____

Nature of Business _____

Account Signatories

NAME	POSITION	ID NUMBER	MOBILE NUMBER

Group Champion Mr. Mrs. _____ **ID NO.** _____ **Mobile No** _____

Source of income _____ :

IDNEMNITY CLAUSE

I agree that this account shall be operated solely at the discretion of the FOSA activity and I hereby agree to Indemnity at my cost any loss incurred or claims arising on the account being closed by the FOSA activity without notice because of unsatisfactory performance

Yours faithfully

OFFICIALS

Full Names _____

ID NO. _____ Sign _____ Date _____

Signing Instructions

One to sign Two to sign Three to sign All to sign

SPECIMEN SIGNATURE

CHAIRMAN

SECRETARY

TREASURER

OTHERS

OTHERS

FOR OFFICIAL USE ONLY

Account No: _____

Account Name: _____

Account opened by: _____ Date _____ Signature _____

Checked by: _____ Date _____ Signature _____

Approved by: _____ Date _____ Signature/Stamp _____

Certified by: _____ Date _____ Signature _____

Authorized by: _____ Date _____ Signature _____