



DAIMA SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD.
P. O. BOX 2032 - 60100
TEL: 020 – 2347460

DATE:

MEMBERSHIP/ACCOUNT OPENING FORM

I / We the undersigned, do hereby request to be a **DAIMA SACCO MEMBER**/open a **SAVINGS ACCOUNT** to be styled as detailed here below:-

NAME: **(IN FULL)**.....

ID. No.

ADDRESS: P. O. BOX.....

MOBILE NO.: DATE OF BIRTH:

GENDER: MALE. FEMALE.

DISTRICT: DIVISION: LOCATION:

SUB LOCATION: VILLAGE: OCCUPATION:

M/NO:

EMPLOYER'S NAME:

EMPLOYER'S ADDRESS: P. O. BOX.....

CURRENT SACCO(s)\BANK:

PREVIOUS SACCO(s)\BANK:

NEXT OF KIN: NAME: **ID NO:**..... **MOBILE NO:**.....

RELATIONSHIP:

ADDRESS: P. O. BOX.....



ACCOUNT MANDATE:

ACCOUNT NO:

I hereby give (Name in full) mandate to carry out authorized transactions with this account.

(For Daima Junior Account Only)

Singly.

Either.

Mother/Father/Guardian.

STATEMENT DISPATCH FREQUENCY:

Monthly.

Quarterly.

Half yearly.

Yearly.

DECLARATION:

I agree that this account shall be operated **SOLELY AT THE DISCRETION OF THE SACCO** and I hereby agree to indemnify the SACCO against any loss or claim arising out of the account being closed by the SACCO without notice due to **UNSATISFACTORY PERFORMANCE**. I endorse the mission of the SACCO and hereby apply for **MEMBERSHIP** and agree to be bound by SACCO society by-laws as may be replaced or amended from time to time. I declare that the above information is true to the best of my knowledge.

Yours Faithfully,

Full Names: Signature:

FOR OFFICIAL USE ONLY:

RECRUITING OFFICER: SIGN: DATE:

AUTHORISED BY: SIGN: DATE: