

**SECTION 4. FOR OFFICIAL USE ONLY**

Account No.  Branch   
 Date        
 Account Name  M/No   
 Receipt No  Signature   
 NAME OF STAFF  Signature

	Form completed by/in presence of	Details of input by	Account verified by
Initials/ Sign.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Signed	<input type="text"/>	<input type="text"/>	<input type="text"/>

**DOCUMENTS REQUIRED CHECKLIST**

- ID's / Passports Copies
- Copy of Registration Certificate
- Minutes for opening the A/C
- Group's by laws
- Application Documents completed
- List of members

I confirm that all the above details have been completed in accordance with VAS procedures and that relevant documents are attached. I confirm acceptance of this customer relationship with VISION AFRIKA SACCO-FOSA

Branch Manager  Signature   
 Date

**OUR CONTACT OFFICES**

**Head Office:** Nakuru Branch Rajdeep House, Kenyatta Avenue.  
 P.O BOX 18263-20100  
 Nakuru, Kenya.  
 Tel: 0716 191514. Email: visionafrika@gmail.com

**OUR BRANCHES**

<p><b>Naivasha Branch</b>                  Wagi House,                  Mama Ngina Street.                  Tel: 0716291550</p>	<p><b>Gilgil Branch</b>                  Imani House,                  Kenyatta Avenue                  Tel: 0716291516</p>	<p><b>Molo Branch</b>                  Generation House                  Opposite Kamusi Plaza                  Tel: 0720140503</p>
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Website: [visionafrikasacco.co.ke](http://visionafrikasacco.co.ke)



**VISION AFRIKA SACCO SOCIETY LTD**

Head Office: Rajdeep House, Kenyatta Avenue. P.O BOX 18263-20100 Nakuru, Kenya.  
 Tel: 0716 191514. Email: visionafrika@gmail.com  
 Website: [visionafrikasacco.co.ke](http://visionafrikasacco.co.ke)

**GROUP ACCOUNT APPLICATION FORM**

Date:

Please complete this form in block CAPITAL letters,  
 I/we wish to open the following account and undertake to comply, observe and be bound by the Terms and conditions and ariffs made by the Sacco in force and as amended from time peraining to such accounts per the General Terms and cconditions document available and read by me  
**For Official Use Only**

**GROUP ACCOUNT DETAILS**

Group Name:  Registration Certificate No.   
 Year Of Registration:  Postal Address:   
 Name of Contact Person:  Telephone No.   
 Area of Operation common Bond:   
 NO. of Members.....Male .....Female .....

**PURPOSE OF THE GROUP**

Tick (✓) Where Applicable

1. INVESTMENT  2. MICRO

**SIGNATORIES**

**1. CHAIRMAN/CHAIRLADY**

Full Names:   
 Nationality  ID/ Passport No.   
 Residence  Mobile No.   
 Postal Address  Email:   
 Next of Kin  Relationship   
 Signature

**2. SECRETARY**

Full Names:   
 Nationality  ID/ Passport No.   
 Residence  Mobile No.   
 Postal Address  Email:   
 Next of Kin  Relationship   
 Signature

### 3. TREASURER

Full Names: \_\_\_\_\_  
 Nationality \_\_\_\_\_ ID/ passport No. \_\_\_\_\_  
 Residence \_\_\_\_\_ Mobile No. \_\_\_\_\_  
 Postal Address \_\_\_\_\_ Email: \_\_\_\_\_  
 Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_  
 Signature \_\_\_\_\_

#### OFFICIALS SIGNATORIES

1.	CHAIRMAN/CHAIRLADY	
2.	SECRETARY	
3.	TREASURER	
4.	CO-ORDINATOR	

#### ADDITIONAL ACCOUNT SERVICES REQUIRED

GROUP WELFARE  OTHER ACCOUNTS/ADDITIONAL ACCOUNT SERVICES REQUIRED   
 CHEQUE BOOK

#### OTHER MEMBERS DETAILS (Applicable for micro group only)

NO.	NAME	ID. NO.	TEL.	NEXT OF KIN	RELATIONSHIP	SIGNATURE
1.						
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7.						

NO.	NAME	ID. NO.	TEL.	NEXT OF KIN	RELATIONSHIP	SIGNATURE
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