SECTION 4. FOR OFFICIAL USE ONLY								
	Branch							
Account No. Date								
	Account Name M/No							
Receipt No			Signature _		12			
NAME O	F STAFF		Signature _					
	Form completed by	y/in presence of	Details of inpu	it by	Account verified by			
Initials/ Sign.								
Date Signed								
☐ ID's / Passports Copies ☐ Copy of Registration Certi ate ☐ Minutes for opening the A/C ☐ Group's by laws ☐ Application D tails completed ☐ List of members ☐ I confirm that all the above details have been completed in accordance with VAS procedures and that relevant documents are atached. I confirm acceptance of this customer relalationship with VISION AFRIK ACCO-FOSA ☐ Branch Manager ☐ Signature ☐ Signature ☐ Copy of Registration Certi ate ☐ Copy of Registration Certi ate ☐ Group's by laws ☐ List of members ☐ Signature ☐ Copy of Registration Certi ate								
			Date 🗌					
OUR CO	NTACT OFFICE	S						
Head Office: Nakuru Branch Rajdeep House, Kenyata Avenue. P.O BOX 18263-20100 Nakuru, Kenya.								
Tel: 0716 191514.Email:visionafrika@gmail.com OUR BRANCHES								
Wagi Ho Mama N	Gilgil Branch Agi House, Ama Ngina Street. It: 0716291550 Gilgil Branch Imani House, Kenyatta Avenue Tel: 0716291516 Molo Branch Generation House Opposite Kamusi Plaz				ration House site Kamusi Plaza			
Website:visionafrikasacco.co.ke								



VISION AFRIKA SACCO SOCIETY LTD

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

Website:visionafrikasacco.co.ke

Date:

GROUP ACCOUNT APPLICATION FORM

lease	complete	this f	form in	block	CAPITAL I	eters.

I/we wish to open the following account and undertake to comply, observe and be bound by the Terms and conditions and ariffs

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/ assport No. Residence Mobile No. Postal Address Email: Next of Kin Relationship Signature 2. SECRETARY Full Names: Nationality ID/ assport No. Residence Mobile No. Postal Address Email:	made by the Sacco in force and as mended fro document available and read by me For Official Use Only	om time peraining to such accounts per the General Terms and cconditions			
Year Of Registration: Name of Contact Person: Area of Operation common Bond: NO. of Members		6			
Name of Contact Person: Area of Operation common Bond: NO. of Members	Group Name:	Registration Certificate No.			
Area of Operation common Bond: NO. of Members	Year Of Registration:	Postal Address:			
NO. of Members	Name of Contact Person:	Telephone No.			
PURPOSE OF THE GROUP Tick (>) Where Applicable 1. INVESTMENT 2. MICRO SIGNATORIES 1. CHAIRMAN/CHAIRLADY Full Names:	Area of Operation common Bond				
Tick () Where Applicable 1. INVESTMENT 2. MICRO SIGNATORIES 1. CHAIRMAN/CHAIRLADY Full Names: Nationality ID/ assport No. Postal Address Email: Next of Kin Relationship Signature 2. SECRETARY Full Names: Nationality ID/ assport No. Residence Mobile No. Postal Address Email: Nationality ID/ assport No. Residence Mobile No. Postal Address Email:	NO. of Members	Female			
1. INVESTMENT 2. MICRO SIGNATORIES 1. CHAIRMAN/CHAIRLADY Full Names: Nationality ID/ assport No. Residence Mobile No. Postal Address Email: Next of Kin Relationship Signature 2. SECRETARY Full Names: Nationality ID/ assport No. Residence Mobile No. Postal Address Email:					
1. CHAIRMAN/CHAIRLADY Full Names:		2. MICRO			
Full Names: Nationality ID/ assport No	SIGNATORIES				
Nationality ID/ assport No	1. CHAIRMAN/CHAIRLADY				
Residence	Full Names:				
Postal AddressEmail:	Nationality	ID/ assport No			
Next of Kin	Residence	Mobile No			
Z. SECRETARY Full Names: Nationality ID/ assport No. Residence Mobile No. Postal Address Email:	Postal Address	Email:			
Z. SECRETARY Full Names: Nationality ID/ assport No. Residence Mobile No. Postal Address Email:	Next of Kin	Relationship			
Full Names: ID/ assport No. Nationality ID/ assport No. Residence Mobile No. Postal Address Email:	Signature				
NationalityID/ assport No ResidenceMobile No Postal AddressEmail:	2. SECRETARY				
Residence Mobile No Postal Address Email:	Full Names:				
Postal AddressEmail:	Nationality	ID/ assport No			
	Residence Mobile No				
	Postal AddressEmail:				
	Next of Kin				
Signature	Signature	= 8× VS*			

" Pamoja Twashinda"

3. TREASURER							
Full	Names:						
	Full Names:						
Resi	idence		Mobi	le No		88	
				_Email:			
				Relationship			
	nature					_	
ОЪ	No. Col. C						
	OFFICIALS SIGNATOR	RIES	· ·				
1.	CHAIRMAN/CHAIRL	.ADY					
2.	SECRETARY						
. 3.	TREASURER	id.					
4.	CO-ORDINATOR						
	ADDI	TIONAL A	ACCOUN	IT SERVICES RI	EQUIRED		
	GROUP WELFARE				ACCOUNTS/ADDIT		
	SUFFRIE POOK			Accoor	II SERVICES REQUI	KED	
	CHEQUE BOOK	<u> </u>					
	OTHER MEN	AREDS DE	TALLS (A	pplicable for r	nicro group	only)	
	OTHER WIER	IBERS DE	AILS (A	pplicable for i	incro group		
NO.	NAME	ID. NO.	TEL.	NEXT OF KIN	RELATIONSHIP	SIGNA- TURE	
			,		+		
1.	,						
2.							
3.							
553				*			
4.							
5.					5.		
6.					12	-	
		3					
7.							

NO.	NAME	ID. NO.	TEL.	NEXT OF KIN	RELATIONSHIP	SIGNA- TURE
8.						
9.						
10.						
11.						
12.						i.
13.						
14.						
15.						j
16.			,			
17.						
18.						
19.						
20						
21.						
22.						
23.						
24.						
25.						

3