



VISION AFRIKA DT SACCO SOCIETY LTD

Head Office: Rajdeep House, Kenyatta Avenue. P.O BOX 18263-20100 Nakuru, Kenya.

Tel: 0728 075 075. Email: info@visionafrikasacco.co.ke

Website: visionafrikasacco.co.ke

ACCOUNT OPENING APPLICATION FORM

Date:

Please complete this form in Block letters,

I/we wish to open the following account and undertake to comply, observe and be bound by the Terms and conditions and Tariffs made by the Sacco in force and as amended from time to time pertaining to such accounts as per the General Terms and conditions of the document available and read by me.

For Official Use Only

ACCOUNT DETAILS

ACCOUNT TITLE													
ACCOUNT NO													
<i>Kindly tick (✓) where applicable</i>													
Account Type	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> Deposit	<input type="checkbox"/> Other (Specify)									
Currency	<input type="checkbox"/> KES											<input type="checkbox"/> Other (Specify)	
Operation Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Minor	<input type="checkbox"/> Other (Specify)									

SECTION 1: PERSONAL/INDIVIDUAL ACCOUNT - 1ST APPLICANT

Full Names(Mr./Mrs./Ms./Miss./Dr./Prof.) _____

Nationality _____ Date of Birth _____ ID/Passport No. _____

Gender _____ Marital Status _____ Mobile No. _____

Sub-county _____ County _____ Physical Address _____

Mailing Address: P.OBox _____ Code _____

PIN No. _____ MNO. _____ Email _____

Occupation _____

(I) TO BE COMPLETED BY AN EMPLOYED APPLICANT

Employer: Employers Address

Position in Employment Work Station

Date of Appointment Gross Monthly Income

Payroll Number

(II) TO BE COMPLETED BY A BUSINESS APPLICANT

Business Name Business Region

Nature of Business Business Reg. No

Business Location Approximate Monthly Income

Next Of Kin:

Name:

ID number

Telephone Number

Mailing Address- P.O BOX

City

Postal Code

Relationship

NOMINEE

	Name	ID. NO	PHONE NO	RELATIONSHIP	%OF SHARES
1.					
2.					
3.					
4.					
5.					

SECTION 2: JOINT ACCOUNT APPLICANT**IF NOT REQUIRED INDICATE N/A****2ND APPLICANT**

Full Names(Mr./Mrs./Ms./Miss./Dr./Prof.) _____

Nationality _____ Date of Birth _____ ID/Passport No. _____

Gender _____ Marital Status _____ Mobile No. _____

Sub-county _____ County _____ Physical Address _____

Mailing Address: P.OBox _____ Code _____

PIN No. _____ MNO. _____ Email _____

Occupation _____

Next Of Kin:

Name:

ID number

Telephone Number

Mailing Address- P.O BOX

City

Postal Code

Relationship

NOMINEE

	Name	ID. NO	PHONE NO	RELATIONSHIP	%OF SHARES
1.					
2.					
3.					
4.					
5.					

3RD APPLICANT

Full Names (Mr/Mrs./Ms/ Miss/ Dr/ Prof) _____
 Nationality _____ Date of Birth _____ ID/Passport No. _____
 Sub-County _____ County _____
 MailingAddress: P.O. Box _____ Code _____
 Tel. Office _____ Mobile No. _____
 PIN No. _____ MNO. _____ Email _____
 Employment / Occupation Details _____

Next Of Kin:

Name:			
ID number			
Telephone Number			
Mailing Address- P.O BOX			
City			
Postal Code			
Relationship			

NOMINEE

	Name	ID. NO	PHONE NO	RELATIONSHIP	%OF SHARES
1.					
2.					
3.					
4.					
5.					

SECTION 3.ACCOUNT MANDATE & DECLARATION

Signature authority or the Account Mandate:(Tick as appropriate)

Singly Either to sign All of us jointly Any two to sign

Other(Specify) _____

Pledges and Signatories

I/We also confirm that the above information is correct and true to the best of my/our knowledge. I/We commit to provide any and all documentary proof that the Sacco will find necessary for the validation of this application.

Name of 1st Signatory

(Please sign only within the boundary of this box)

Attach coloured Passport size photograph here

Name:

Pin No:

Id No:

PP No:

Name of 2nd Signatory

(Please sign only within the boundary of this box)

Attach coloured Passport size photograph here

Name:

Pin No:

Id No:

PP No:

Name of 3rd Signatory

(Please sign only within the boundary of this box)

Attach coloured Passport size photograph here

Name:

Pin No:

Id No:

PP No:

ADDITIONAL ACCOUNT SERVICES REQUIRED

Tick () Where Applicable

MBANKING

ATM CARD

INTERNET BANKING

CHEQUE BOOK

SECTION 4. FOR OFFICIAL USE ONLY

Branch _____

Account No.

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.			
Date Signed			

DOCUMENTS REQUIRED CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> Original ID's/Passport sighted
<input type="checkbox"/> ID's/Passport copies obtained
<input type="checkbox"/> Application Details completed
<input type="checkbox"/> KRA Pin Copies Obtained
<input type="checkbox"/> CR2, CR8, CR12 Copies Obtained
<input type="checkbox"/> Board Resolutions Obtained | <input type="checkbox"/> Specimen Signature Obtained
<input type="checkbox"/> Mandate forms completed
<input type="checkbox"/> Cheque book order
<input type="checkbox"/> Business Certificate Copy obtained
<input type="checkbox"/> Company KRA Copy Obtained
<input type="checkbox"/> Passport Size photo Obtained |
|---|--|

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 DT SACCO LTD

Branch Manager _____

Signature _____

Date

OUR BRANCHES

Naivasha Branch
Wagi House,
Mama Ngina Street.
Tel: 0716 291 550

Gilgil Branch
Imani House,
Kenyatta Avenue
Tel: 0716 291517

Molo Branch
Generation House
Opposite Kamusi Plaza
Tel: 0743 124 455