

To: The FOSA Manager, Nairobi

P.O. Box 47815-00100, NAIROBI TEL. No. 343822 (Pilot), 0700-549854, 0736-581749 FAX: +254 (020)2216326

Email: info@harambeesacco.com Website: www.harambeesacco.com Photo Here

APPLICATION TO OPEN A PERSONAL ACCOUNT

FRONT OFFICE SERVICES ACTIVITY (FOSA)

I/We the unders	igned do hereby	request you to open a	1			
Savings	Others	Specify (tick appro	opriate box)			
1. Personal Info	rmation					
Surname			First Name		Middle Name	
Date of Birth _	Marital Status			ID No	Nationality	
2. Residential D	etails					
P.O. Box	Telephone			Fax No		
Town	Road/Street Estate		Estate	House/Plot No		
3. Employment	Details					
Ēmployer's Name	e and Address					
Town	Road/Street			Building	Floor	
Геl No. ———	Fax No.			Email		
Others (For Join	nt Accounts)					
Fu ll Name(s) _		Marita	l Status	Date of Birth	ID/Passport No	
- -u ll Name(s) —		——— Marita	l Status ———	—— Date of Birth —	ID/Passport No	
Full Name(s) —		——— Marita	l Status ———	—— Date of Birth —	————— ID/Passport No——————	
4. Current Bank	ers					
Acc. No		Bank			Branch	
Previous Banke	rs					
Acc. No. ———		————— Bank —			— Branch ————————————————————————————————————	
5. Harambee Sa	cco Details					
Membership No.	embership No. — Date Joined —				— Signature ———	
		ned solely at the discretion ng closed by the SACCO w			nnify the SACCO at my cost against any loss or perfomance.	
Yours Faithfully	',					
Full Name(s)						
ID No.	Signature —					