

AFFIX
YOUR
PHOTO



TIMES U SACCO LTD

P.O. Box 310 - 60202, Nkubu. Tel: 064-5051191. Cell: 0703 770 457, 0703 769 923.

Your Timely Financier

Email: info@timesusacco.co.ke. Website: www.timesusacco.co.ke

BRANCHES: MITUNGUU KARIENE GITHONGO MAKUTANO NKUBU

BOSA ACCOUNT APPLICATION FORM

A. PERSONAL INFORMATION

Company Name.....
Surname..... First Name..... Middle Names.....
Gender..... Date of Birth..... Marital status.....
Nature of Business..... Profession.....
Place of Residence..... Nationality.....

B. IDENTIFICATION

National ID..... Passport..... Alien I.D.....
 Military ID..... Others.....
Issuing Authority..... Place of Issue.....
Date of Issue..... Expiry Date..... KRA PIN NO

C. CONTACT ADDRESS

Postal Address..... Code Town/City.....
Tel..... Cell..... Alternative.....
Email Address.....

D. PHYSICAL ADDRESS

Location..... Street/Building/Estate..... House No.....

NOMINATED NEXT OF KIN

I the undersigned, in the event of my death whilst a member of the Society hereby instruct the Society to pay all the amounts due to me, less any obligations with the society to the person(s) named in this section. I understand that I may alter the name of the nominated next of Kin by filling a fresh nomination form.

Nb: if more than one nominee is listed, please indicate the percentage

NAME OF NOMINEE(S)	RELATIONSHIP	% OF SHARE/INTEREST.
1.		
2.		
3.		
4.		

Contact Person Details

Contact Person (Name). _____ Tel. _____

Relationship. _____ Occupation _____

Contact Person Address _____ Resident _____

BENEVOLENT FUND

I the undersigned, hereby request TIMES U SACCO to deduct Ksh. 200 from my Membership account NO _____ towards my Benevolent contribution. I also declare that I will not hold you liable for any possible inconveniences caused to me in respect of this request.

Signature

Date.....

Witnessed by:-

1. Name _____

I/D No. _____

Address _____

Signature _____

2. Name _____ I/D No. _____

Address _____ Signature _____

Recruited by:-

1. Name _____ I/D No. _____

Address _____ Signature _____

SPECIMEN SIGNATURE: (Sign at the center of the box)

NAME: _____

ID NO: _____ DATE: _____



FOR OFFICIAL USE ONLY

KYC CHECKLIST

Valid identification documents

Photograph

Customer contact information

Mandated signature(s)

Account opened by: name: _____ Sign: _____

Account approved by: name: _____ Sign: _____

Account number: _____ Date: _____

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