nation DT SACCO

Fulfilling Dreams

# FOSA APPLICATION FOR A JOINT ACCOUNT

**PART 2: JOINT ACCOUNT MEMBERSHIP**

Name .....

Postal Address..... Code.....Town.....

Office Tel No.....E-mail Address .....

Name of Contact Person..... ..... Tel No.....

Nature of Business.....

**Signatories**

| DETAILS | 1st Signatory | 2nd Signatory | 3rd Signatory |
|---|---|---|---|
| **Name** | | | |
| **ID No.** | | | |
| **Designation** | | | |
| **Date of Birth** | | | |
| **Nationality** | | | |
| **T el No.** | | | |
| **Email Address** | | | |
| **Address** | | | |
| **Signature** | | | |
| **Attach Passport size photo for each signatory** | | | |

Proposed monthly contributions.....In words.....

Effective Date.....Mode of remittance.....

Mode of withdrawal.....

SIGNING INSTRUCTIONS .....

AUTHORISED WITHDRAWAL OFFICER 1.....

AUTHORISED WITHDRAWAL OFFICER 1.....

## INDEMNITY CLAUSE

We, the undersign below agree that this account shall be operated solely at the discretion of Nation SACCO and hereby indemnify the Nation SACCO at our cost against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactory performance.

Name ……Signature… …… …… ……Date …… …….. …

Name ……Signature… …… ……Date …… …….. …

Name ……Signature… …… ……Date …… …….. …

## FOR OFFICIAL USE ONLY

This Account has been Registered as a company Account No…… Membership No ……..

Open By ……Sign ……

Date……

Authorized By ……Sign ……

Date……