



Serial No. _____

P.O. Box 83 - 10300, Kerugoya

Tel: 0724 256 461

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

JOINT/GROUP/BUSINESS ACCOUNT OPENING FORM

PART A

GENERAL INFORMATION

DATE _____

NAME OF BUSINESS / GROUP / INSTITUTION: _____

DATE OF REGISTRATION _____ REG. CERTIFICATE NO. _____

KRA PIN _____ COUNTRY OF INCORPORATION _____

TOWN _____ LOCATION _____

ADDRESS P.O BOX _____ CODE _____ TOWN _____

MOBILE NO _____ EMAIL: _____

PART B

MEMBER DETAILS

DATE _____

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

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

KRA PIN _____ County _____ Sub-County _____

Location _____

Address P.O Box _____ Code _____ Town _____

Mobile No _____ Email: _____ Occupation _____

Work Station _____ Postal Address: _____

Together We Prosper

PART C

MEMBER DETAILS

DATE _____

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

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

KRA PIN _____ County _____ Sub-County _____

Location _____

Address P.O Box _____ Code _____ Town _____

Mobile No _____ Email: _____ Occupation _____

Work Station _____ Postal Address: _____

PART D

MEMBER DETAILS

DATE _____

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

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

KRA PIN _____ County _____ Sub-County _____

Location _____

Address P.O Box _____ Code _____ Town _____

Mobile No _____ Email: _____ Occupation _____

Work Station _____ Postal Address: _____

PART E

MEMBER DETAILS

DATE _____

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

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

KRA PIN _____ County _____ Sub-County _____

Location _____

Address P.O Box _____ Code _____ Town _____

Mobile No _____ Email: _____ Occupation _____

Work Station _____ Postal Address: _____

PART F

TYPE OF ACCOUNT

Group Savings A/C

Joint A/C

Zion A/C

Business A/C

Estate A/C

PART G

SMS ALERTS

The Members wish to nominate _____

ID No _____ Mobile No: _____ to be captured in the system.

ID No _____ Sign: _____ Date: _____

ID No _____ Sign: _____ Date: _____

ID No _____ Sign: _____ Date: _____

PART H

AUTHORIZED SIGNATORIES

All to sign Any 2 to sign Either to sign Specific person to sign

Specimen signatures

1.

2.

3.

Name _____ Name _____ Name _____

ID No: _____ ID No: _____ ID No: _____

PART I

DEPOSIT CONTRIBUTIONS

Sacco Deposit Contributions Kshs. _____ Start Date _____

Modes of Contribution: Standing Order (External / Internal) Cash Deposit

PART J

WE LEARNT ABOUT OLLIN SACCO FROM

Staff(Name) _____

Director (Name) _____

Media _____

Others _____

PART K

DECLARATION

We the undersigned, hereby freely agree to comply, observe and be bound by the general terms and conditions in force now and from time to time governing the operation of the account(s) with the Sacco as provided in the Sacco website: www.ollin.co.ke.

We further confirm that the information and documentation provided to the Sacco is correct and accurate to the best of our knowledge

Name in Full (BLOCK LETTERS)	National ID/Passport No.	Specimen Signature (s)

FOR OFFICIAL USE ONLY

We confirm that I have verified that all the details have been completed in accordance with KYC procedures and that all the relevant documents are attached.

Details Captured By:

Name _____ Signature _____ Date _____

Account No (M/No): _____ Branch: _____

Details Approved By: Head of Operations / Branch Manager

Name _____ Signature _____ Date _____