

HEAD OFFICE:

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OLLIN JUNIOR ACCOUNT OPENING FORM

I/We wish to open an account at Ollin Sacco Limited and undertake to comply, observe and be bound by the general terms and conditions in force from time to time governing the operation of the account with the Sacco.

Customer A/C Number _____ Date: _____ Branch: _____

PART A

DATE OPENED _____

CHILD ACCOUNT DETAILS

First Name _____ Middle Name _____ Last Name _____ Date Of Birth _____

Birth Certificate No. _____ Gender _____ Relationship _____

PART B

PARENT / GUARDIAN DETAILS

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

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

Address P.O Box _____ Code _____ Town _____

Mobile No _____ Email: _____ Occupation _____

PART C

NEXT OF KIN DETAILS

Name _____ Relationship _____

ID NO.(If Applicable) _____

Next Of Kin Address _____ Mobile No. _____

SCHEME PLANSavings Education Premium Amount

Amount in words.....

No. of Years **FREQUENCY**Daily Weekly Monthly Semi Annual Annual **MODE OF PAYMENT**Check Off Standing Order Cash Payment Mpesa Lumpsum Deposits **PART D****TERMS AND CONDITIONS**

1. The Account shall be operated by the parent or guardian.
2. The contributor may make deposits for their children with time spans.
3. Minimum contribution time shall be 3 years to a maximum of 15 years.
4. Withdrawable at maturity either in lump sum or on agreed terms.
5. Shall earn interests at the prevailing interest rates on members' deposits. The interest shall be capitalized.
6. The account funds shall be locked for 3 years before one can withdraw from the fund. If the fund is terminated before 3 years the member shall be paid the principal amount but no interest for the period.
7. Any withdrawal after 3 years but before the maturity period, the member shall be paid 70% of the interest earned.
8. The fund shall not be covered under the risk fund.
10. In case of death of the contributor before the maturity date, the fund shall be transferred to education fund to cater for the child's education and shall be managed by the appointed next of kin.

DECLARATION

I/We confirm that the information I/we have provided herein and the disclosure made are true; and I/we have read and understood the general terms and conditions of the SACCO and undertake to comply, observe and be bound by the same. Further I / we do give Ollin Sacco Ltd authority to share my / our account details and status with authorised CRBs.

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

PART E**FOR OFFICIAL USE ONLY****Details Captured By:**

Name _____ Signature _____ Date _____

Details Verified By:

Name _____ Signature _____ Date _____

I 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. I confirm acceptance of the customer relationship with Ollin Sacco Ltd..

Approved by Branch Manager/Operations Manager:

Name _____ Signature _____ Date _____