



CHUNA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

Branch: _____ Date: _____

Surname: _____

First Name: _____

Last Name: _____ Sex _____

Middle Name: _____

Applicant's ID No.: _____

Account Number: _____

P.O. Box

--	--	--	--	--	--

 Postal Code

--	--	--	--	--	--

Town

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail: _____

Employment Details

Position _____ Employment No. _____

Date of Employment (dd/mm/yy)

--	--	--	--	--	--

Mobile Number

--	--	--	--	--	--	--	--	--	--	--	--

Declaration by the Card Applicant

I authorize the Chuna Sacco Society Limited to issue an ATM card to my account and confirm that the information given above is true and complete. I authorize you to make any enquiries necessary in connection with the application. I accept and agree to be bound by the conditions of use, detailed overleaf (as amended from time to time) I agree that I am/shall be liable to charges incurred through the use of this card. I understand that my application can be declined by the Chuna Sacco Society Limited without giving reasons to the extent permitted by law.

Applicant's Signature _____ Date: _____

Sacco Verified By: _____ Approved by: _____

Date: _____ Sacco Stamp _____