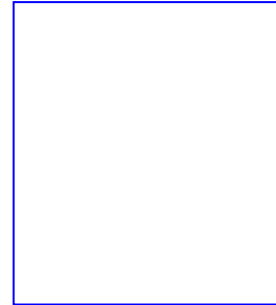


**CHUNA CO-OPERATIVE SAVINGS & CREDIT
SOCIETY LTD
P.O. BOX 30197,
NAIROBI
TEL: 318262 EXT. 28214**



FOSA APPLICATION FORM (FILL IN DUPLICATE)

I wish to apply to open a savings account.

a) APPLICANT'S PARTICULARS

- i) Employer
- ii) Date of Birth
- iii) Station
- Designation
- Date of Employment
- iv) Payroll No SACCO Membership No
- v) Terms of Service
- vi) ID. Card No.....
- vii) Home Address
- District..... Location.....
- Sub-Location
- viii) Physical/Residential Address.....
- Telephone No.

b) NEXT OF KIN

- i) Full Names.....
- ii) ID/card No.
- iii) Relationship to Member
- iv) Address

c) BASIC RULES AND REGULATIONS

- i) Membership is open to members of CHUNA SACCO Ltd.
- ii) Minimum amount for opening an account Kshs500.00
- iii) Minimum amount to earn interest is Kshs3,000.00
- iv) Accounts balance should not fall below Kshs500.00 at any given time
- v) To withdraw from this scheme, one will be required to give sixty (60) days notice.
- vi) Two (2) passport size photographs (Coloured) must be submitted with this form.

d) I certify that I have read and understood the above rules and agree to abide by them.

Member's Name Signature.....

ID/No..... Date.....

Witness's Name:..... Signature.....

CHUNA Number Date:.....

ID NO.....

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Registered on Minute No.....

C.E.O'S SignatureDate.....

CHUNA SACCO LTD
FOSA ACCOUNT

PHOTO CAPTURE CARD

Account Name	Branch	Day	month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

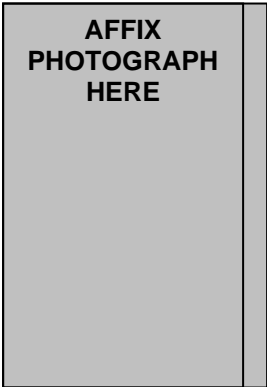
Account Number	Occupation
<input type="text"/>	<input type="text"/>

Full Address (Include Postcode)	Telephone (Office)	Residence/Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

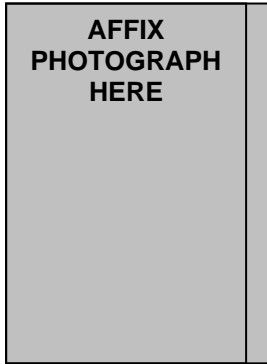
Name _____

Name _____

Customers Signature
ID/PP NO.



Customers Signature
ID/PP NO.



Designation- _____

Designation _____

FOR OFFICIAL USE ONLY

SIGNING INSTRUCTIONS

Authorised by: (Signature and Stamp)