



## 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) 

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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 \_\_\_\_\_