

# ARDHI SACCO FRONT OFFICE SERVICES



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Website:www.ardhisacco.com  
NAIROBI

Date:...../...../20.....

PLEASE COMPLETE THIS FORM IN BLOCK CAPITAL LETTERS AND TICK WHERE APPLICABLE

## ACCOUNT OPENING APPLICATION FORM

### 1. TYPE OF ACCOUNT

(Tick Appropriately)

- (i) SAVINGS  (ii) BIASHARA  (iii) HOLIDAY   
(iv) CHILDREN  (v) RETIREMENT  (vi) FIXED DEPOSITS

### 2. ACCOUNT DETAILS

NAME:.....  
M/NO..... PNO.....  
MINISTRY/COUNTY.....DEPT.....  
POSTAL ADDRESS.....  
EMAIL ADDRESS.....MOBILE NO.....  
DATE OF BIRTH.....IDNO.....  
NATURE OF BUSINESS.....

### 3. NEXT OF KIN

2. NAME:.....  
RELATIONSHIP.....IDNO.....  
ADDRESS.....MOBILE NO.....  
EMAIL ADDRESS.....

1. NAME:.....  
RELATIONSHIP.....IDNO.....  
ADDRESS.....MOBILE NO.....  
EMAIL ADDRESS.....

### 4. SIGNING INSTRUCTIONS

(Sign at the center of the Box)

Photo

NAME.....  
IDNO.....

**SIGNING INSTRUCTIONS**

(Sign at the center of the Box)

[Empty box for signature]

Photo

NAME.....  
IDNO.....

[Empty box for signature]

Photo

NAME.....  
IDNO.....

**SIGNING INSTRUCTIONS**

Any to sign  Any two  Any Three  All to sign

Other instructions Specify.....

**DECLARATION**

**TO ARDHI SACCO SOCIETY LTD**

I/We agree that this account shall be operated solely at the decretion of ARDHI SACCO SOCIETY LTD and agree to hereby indemnify the society at my / our cost against any loss or claims arising out of the account being closed by ARDHI SACCO SOCIETY LTD without notice due to unsatisfactory performance.

Signature/s .....

**FOR OFFICIAL USE ONLY**

**DETAILS**

A/C NO. ....

OPENED BY .....DATE.....

**RECOMMENDATION**

FOSA MANAGER .....DATE.....20.....

INTERNAL AUDITOR .....DATE.....20.....

CHIEF EXECUTIVE OFFICER .....DATE.....20.....