



FARIDI SACCO SOCIETY LTD
P.O BOX 448 TEL: 055-2322262, BUSIA

APPLICATION TO OPEN A CHILDRENS ACCOUNT

CHILD PARTICULARS

NAME : _____ .

DATE OF BIRTH : _____ AGE: _____ BIRTH CERTIFICATE NO: _____ .

ACCOUNT NUMBER : _____ .

PARENTS PARTICULARS

PARENT/ GUARDIANS NAME: _____ .

ID NO: _____ TEL NO: _____ ADDRESS: P.O BOX _____ .

ACCOUNT NUMBER: _____ .

RESIDENCE: _____ .

COUNTY: _____ DISTRICT: _____ DIVISION: _____ .

Indemnity Clause " I agree that this account shall be operated at the discretion of SACCO and hereby indemnify the SACCO at my cost against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactory performance.

Yours faithfully,

Full Name(s) : _____ Signature: _____ Date: ____ / ____ / ____ .

Witness Name; _____ Signature: _____ Date: ____ / ____ / ____ .

Telephone: _____ Id No. _____ .

FOR OFFICIAL USE ONLY:

Checked by: _____ Signature: _____ Date: ____ / ____ / ____ .

Approved by: _____ Signature: _____ Date : ____ / ____ / ____ .

Attach the following documents:

1. Birth certificate/ Baptism Card and 2 passport size photographs of the child
2. National ID photocopy and passport photo for the parent/ guardian.