



Faridi Savings And Credit Co-operative Society Limited

Box 448, Box 448, - 50400 Busia
Email Address: info@faridisacco.co.ke
Website: www.faridisacco.co.ke
Mobile No: +254702275343 LandLine: 0552322262

Attach your
passport here

ACCOUNT DETAILS UPDATES

1. PERSONAL DETAILS

DATE.....

*Full Name.

*Mobile No. Tel No. SEX

Postal Address.

*ID/Passport No. E-mail address

Employer

2. SOURCE OF INCOME *(Tick where appropriate)*

Salary Pension others *(Specify)*

Business Name

Business Address

Nature of Business

Approximate Monthly Income



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3. NOMINATION DETAILS

I.....PN/TSC NO.....I/D.....of

P.O. BOXTEL. NO.....M/No.....

Hereby nominate the following to inherit my shares or interest in the said society in the following manner:

	Name of Nominee(s)	Relationship	Contact	% of shares
1				
2				
3				
4				

Witnessed by:

.....PN/TSC NOID/NO.....of

P.O. BOX.....Signature.....Date.....

.....PN/TSC NOID/NO.....of

P.O. BOX.....Signature.....Date.....

Given under my hand thisDay of20/.../.....Signature.....

FOR OFFICIAL USE ONLY

Recorded on.....by.....

Remarks.....

.....



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4. _____ ENHANCED GROUP FUNERAL EXPENSE DETAILS _____

PRINCIPAL MEMBER	D.O.B	SPOUSE	SPOUSE ID	SPOUSE D.O.B	CHILDREN	CHILD D.O.B
NAME:						
TSC NUMBER:						
ID NUMBER:						

5. _____ MOBILE BANKING SERVICES _____

APPLICANT'S FULL NAME: _____ ID NUMBER: _____

POSTAL ADDRESS: _____ CODE: _____ TOWN: _____

E-MAIL ADDRESS: _____ DATE OF BIRTH: _____

MOBILE NUMBERS 1. Signature: _____

2. Signature: _____

CONTACT PERSON: _____ RELATIONSHIP: _____ CONTACT PERSON TEL: _____

FOSA ACCOUNT _____ / _____

Declaration by the applicant:

I hereby apply for M-Co-op Cash Account in the Co-operative Bank of Kenya Limited. I warrant you that the information given above is true and complete and I authorize you to make any enquiries necessary in connection with this application. I accept and agree to be bound by the Conditions of use. I agree that I am liable for all charges incurred through the use of this service. I hereby indemnify the Bank against all losses that they may incur as a result of my use of the facility. I understand that the Bank reserves the right to decline the application without giving reasons.

Applicant's ID No. _____ **Signature:** _____ **DATE:** _____

Sacco Official Use Only

Input by Name: _____ Signature: _____ Date: _____

Approved by Name: _____ Signature: _____ Date: _____



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6. SACCO LINK PIN RESET

Cardholder Information:

Name: _____

ID/Passport Number: _____

Mobile Phone Number: _____

Email Address: _____

FOSA Account Number. (Last 4 Digits only)

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Reason for Reissue

Lost PIN Mailer Forgot PIN Other Specify : _____

I hereby agree that as long as the bank acts in compliance with this Authorization, the Bank shall be irrevocably and unconditionally indemnified and held harmless in full by me against any costs, claims, losses or liabilities of any nature (direct or indirect or consequential) resulting from any act or omission in connection with the subject of this Authorization, including but not limited to any act or omission (or any delay) on the Bank's part in responding to instructions received by Bank.

Signature: _____ [Verify Signature _____

Date: _____

FOR OFFICIAL USE ONLY: Verification Checklist (Tick Appropriately)

Application details confirmed against physical card Yes No

Card Number exists on Sacco system and CMS Yes No

Signature and Photo Confirmed Yes No

Transaction History Confirmed Yes No

BRANCH NAME(if any): _____

Customer Interview, Identification and Verification done by:

Name: _____ Signature: _____ Date: _____

Authorized by (Fosa Manager/Accountant)

Name: _____ Signature: _____ Date: _____

USER STAMP AND SIGNATURE
