



Pamoja Savings Account Application Form

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

I/We the undersigned

Name: M/No.....

Name: M/No.....

Name: M/No.....

Hereby apply to open Pamoja savings Account to be styled:-

Account Name (Registered group name).....

Other Applicable Details

	1st Applicant	2nd Applicant	3rd Applicant
ID No			
Address			
Mobile No			
Residence			
Present Bankers			
Member No.			
Signature			

Signing mandate _____

I/we agree that this account(s) shall be operated solely at the discretion of the SACCO and hereby agree to indemnify the SACCO at my cost against any loss or claims arising out of the account(s) being closed by the SACCO without notice due to unsatisfactory performance. I confirm having read the general terms and conditions listed below and accept Terms & Conditions apply.

Signed

1st Applicant

2nd Applicant

3rd Applicant

The terms and conditions

- a) At least one member of the group should be NSSF SACCO member.
- b) Minutes of the group meeting authorizing the officials to open the account shall be required to open the account.
- c) The group must have a registered NAME.
- d) The mode of contribution is Check-off, Standing order or direct deposit.
- e) Minimum interest earning balance is Kshs 20,000.00
- f) Withdrawal fees shall be as stipulated in the FOSA Tariff Guide.
- g) The Account has no monthly charges.