

This form is complete when attached: -

[Recent Photos each	rt Photos Ocopy of ID h Signatory] [For Each Signc	atory] (For Each	KRA PIN Signatory]	 Certificate of Registration
	n application for member this form, you will also be			operatives By-Laws and any amendmen
: APPLICANT	DETAILS			
ime of Corporate/C	Chama: (As Per Registration):			
gistration Number:			Registration [Date:
stal Address:		Code:	County:	Country:
ail Address:		Telephor	ne (Preferably Mobile N	lo.]:
/sical Location of B	usiness & Physical Address:			
MODE OF RE	MITTANCES			
ereby authoriz	ze you to deduct KShs.	M	onthly Deposits C	Contribution & KShs.
are Capital Co	ontribution from our Bank ,	/ FOSA and/or any ot	her mode of Ren	nittance and pay QONA SACCO Ltd
h effect from	the month of	unti	il further notice. N	Nembership of KShs 2,000/=.
SIGNATORIE	S			
	1ST SIGNATORY			2ND SIGNATORY
Affix Passport Photo or	Surname:		Affix Passport Photo or Indicate Photo No.	
	Other Names:			Other Names:
				Designation:
	Designation:		FHOID NO.	
	ID/Passport No:		FHOID NO.	ID/Passport No:
				ID/Passport No:
Photo or Indicate Photo No.	ID/Passport No:		Signature:	
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Affix Passport Photo or Indicate Photo No.	ID/Passport No: Mobile No: Surname: Other Names: Designation: ID/Passport No:		Signature:	ATH SIGNATORY Surname: Other Names: Designation: ID/Passport No:





D: TO QONA SACCO LTD...

U / We : agree that this account shall be operated solely at the discretion of the SACCO and hereby agree to indemnify the SACCO against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactory performance.

🗌 I / 🗌 We : confirm having read and understood the general terms and condition this day	DD MM YYYY	
and which we accept.		

1st Signatory:		2nd Signatory:	
	Signature		Signature
3rd Signatory:		3rd Signatory:	
	Signature		Signature