



**BANDARI SACCO LTD**

Online Form  
Email: [member@bandarisacco.co.ke](mailto:member@bandarisacco.co.ke)  
Website: [www.bandarisacco.co.ke](http://www.bandarisacco.co.ke)  
Tel. no. (254) 722-002525/ 735-336685

**PERSONAL ACCOUNT OPENING FORM**

Date:

**FOR OFFICIAL USE ONLY**

Branch \_\_\_\_\_ Customer Account No. \ \_\_\_\_\_ Date Opened \_\_\_\_\_

I/we wish to open an account at Bandari Sacco Ltd. and undertake to comply, observe and be bound by the General Terms and Conditions in force from time to time governing the operation of accounts with the bank.

**TYPE OF ACCOUNT - Tick appropriately)**

- ☐ Savings Account – Salary
- ☐ Savings Account – Biashara
- ☐ Savings Account – Kijana
- ☐ Savings Account – Landlord
- ☐ Savings Account – Group member

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☐

**ACCOUNT DETAILS**

Account Name \_\_\_\_\_

**ACCOUNT APPLICANT DETAILS**

Full Names \_\_\_\_\_ Prefix \_\_\_\_\_  
(Surname) [First name] [Second Name]

Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID/Passport No. \_\_\_\_\_

County \_\_\_\_\_ Division \_\_\_\_\_ Location \_\_\_\_\_ Sub-Location \_\_\_\_\_

Residential/Street Address: \_\_\_\_\_

Mobile No. \_\_\_\_\_ Alternative phone no. \_\_\_\_\_ Email \_\_\_\_\_

**OCCUPATION DETAILS - Tick appropriately)**

☐

Non-Salaried

☐

Salaried

Employer \_\_\_\_\_ Employment No. /Check No. \_\_\_\_\_

Employer's Postal Address \_\_\_\_\_ Tel: \_\_\_\_\_

Other Occupation) \_\_\_\_\_ (Mandatory to non – salaried members)

**GROUP MEMBERSHIP (IF ANY) - Tick appropriately)**

Group Type:

☐

Welfare

☐

Micro-Finance

Group's Name \_\_\_\_\_ Address \_\_\_\_\_

Email Address \_\_\_\_\_ Contact Name/Tel. no \_\_\_\_\_



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### NEXT OF KIN DETAILS

Name \_\_\_\_\_ Relationship \_\_\_\_\_

ID/Passport No \_\_\_\_\_

Address \_\_\_\_\_ Mobile no. \_\_\_\_\_

### STATEMENTS AND CORRESPONDENCE: (Tick as appropriate).

Via Email Address

☐

to Collect from Sacco

☐

### SIGNATURE CARD AND SIGNING INSTRUCTIONS: (Tick as appropriate)

Sign -Single

☐

either to sign

☐

Sign Jointly

☐

Other (Specify) \_\_\_\_\_

### Authorized Signatories

NAME	ID/PASSPORT	SIGNATURE (Ensure Signature is Centered)
Account Holder		
Signatory 2 (Optional)		

### DECLARATION

I/We confirm that; The information I/ We have provided herein and the disclosures made are true; and I/We have received, read and understood the **General Terms and Conditions** of the Sacco and undertake to comply, observe and be bound by the same.

Full Name(s) \_\_\_\_\_ I.D No. \_\_\_\_\_ Signature \_\_\_\_\_



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### FOR OFFICIAL USE ONLY

#### ACCOUNT OPENING PRE-APPROVAL

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### ❖ DOCUMENTS REQUIRED CHECK LIST

- ✓ Sighted Original ID's /or Passport.
- ✓ Copy of Original ID's /or Passport.
- ✓ Received the signed General Terms and Conditions from Customer (s)
- ✓ Account photo taken and prepared to specifications.
- ✓ Signed Specimen Signature(s)
- ✓ All application details correctly completed
- ✓ Photos and Signature uploaded into the system.

Official  
Stamp

Account Number \_\_\_\_\_

Branch \_\_\_\_\_

Account Opened by \_\_\_\_\_

Signature \_\_\_\_\_

Account Opening Date \_\_\_\_\_

#### BRANCH MANAGER

I confirm that I have checked that all the above details have been completed in accordance with Bandari Sacco Ltd policies and operational procedures and that all relevant documents are attached. I therefore confirm acceptance of this customer relationship with Bandari Sacco Limited.

Officer Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Official  
Stamp



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## GENERAL TERMS AND CONDITIONS

The relationship between the FOSA and the customer is governed by the laws of Kenya except where general terms and conditions apply and subject to any further agreement in writing. Specific terms apply to specific accounts and products and are available to the customer upon request.

### CUSTOMER INSTRUCTIONS

Any transactions or charges done on the customer's account will take into consideration instructions from the account holder, except that the FOSA may, nevertheless, refuse to carry out any instruction resulting into an un-agreed overdraft, or going beyond the agreed overdraft, as the case may be.

### AUTHORISED SIGNATORIES

The signatory or signatories to the account held in the FOSA will remain as described on the signature card unless stated otherwise specified by the customer(s) in writing.

### SET - OFF

The FOSA may without notice off-set Loans against any account or indebtedness of a customer

- Any other account, whether being a loan, savings etc.
- Any Fixed or other time deposits.

### DEPOSIT OF CHEQUES

All cheques or other orders for payment of whatsoever nature are accepted for deposit or collection at the risk of the customer. Where any cheque or order is unpaid for any reason whatsoever (including but not limited to physical loss) the FOSA may debit the customer with the amount previously credited (taking into account any change in exchange rate where relevant) in respect to cheque or order, plus interest/or bank commissions in case the account is overdrawn.

Before making any withdrawal, the customer must allow sufficient time to elapse after making any deposit in order to enable the FOSA to carry out the necessary bookkeeping operations to credit the account. Any money credited to the customer's account enormously must be repaid immediately together with applicable interest upon demand.

### REPAYMENT ON OVERDRAWN ACCOUNT

The FOSA is entitled to demand the immediate repayment with interest of any account that is overdrawn.

### VARIATION AND TERMINATION OF RELATIONSHIP

The FOSA may at any given time, upon giving notice to the customer, terminate or vary its business relationship with the customer. The FOSA may cancel credit which has been granted and subsequently demand repayment of outstanding debts from within such time as the FOSA may determine.

The FOSA may at any time freeze any account of the customer, if and so long as there is any dispute or the FOSA has doubt for any reasons (Whether or not well founded) as the person or persons entitled to operate the same without any obligation to institute interpleaded proceedings or take any step of its own initiative for the determination of such dispute of doubt.

### COMMUNICATION

All correspondence in form of letters, statements and notices by the FOSA will be sent to the last postal or email address given by the customer(s). Correspondence will be deemed to have been received seven days from the date of posting.

### CUSTOMER

The term "customer" shall include any individual person, Groups, Partnerships, Organizations or Corporate entities.

### FOSA

The term "FOSA" refers to Bandari Sacco Limited, Front Office Savings Activities.

### INDEMNITY

I/we agree that this account shall be operated Solely at the discretion of the FOSA and hereby agree to indemnify the FOSA at my cost against any loss or claims arising out of the account being closed by the FOSA without notice because of unsatisfactory performance. I agree to the terms and conditions herein.

Yours faithfully,

Full Name(s) \_\_\_\_\_ I.D No. \_\_\_\_\_ Signature \_\_\_\_\_

Full Name(s) \_\_\_\_\_ I.D No. \_\_\_\_\_ Signature \_\_\_\_\_

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