



**GROUP/JOINT/CORPORATE MEMBERSHIP APPLICATION FORM**

Application No:.....Member No:.....

Group/Joint/Company Name:.....

Type of Organization: Group  Joint  Company  Others (Specify).....

Reg No: .....Reg Authority: .....

Date Established: .....

Physical Address: ..... Town.....

Postal Address.....Code: .....

Mobile Number: ..... Other Contacts: .....

Nature of business of the Group/Entity.....

**Source of funds:** Savings  Business Income  Borrowing

Income from Investments  Others Specify.....

**Shareholders Monthly contributions.**

Kshs: ..... Amount in words: .....

Name Of the/Groups Officials /Joint Account Holders / Company Directors

| No. | NAME | ID NO. | PHONE NO: | POSITION HELD/RELATIONSHIP | SIGNATURE |
|-----|------|--------|-----------|----------------------------|-----------|
| 1   |      |        |           |                            |           |
| 2   |      |        |           |                            |           |
| 3   |      |        |           |                            |           |
| 4   |      |        |           |                            |           |
| 5   |      |        |           |                            |           |

**AUTHORIZED SIGNATORIES/DIRECTORS**

PHOTO No:1

PHOTO No:2

**N/B-** All such Authorized signatories, unless otherwise agreed, are entitled to withdraw all or any of the customer’s money, security documents or other properties held by the SACCO.

**TERMS AND CONDITIONS SIGNED**

I / We confirm that I / We have checked that all the above details have been completed in accordance with KYC procedures and that relevant documents are attached. I / We confirm acceptance of this customer relationship with Telepost Sacco.

Name: .....

Name: .....

Designation: .....

Designation: .....

Signature: .....

Signature: .....

Referred By: ..... ID No: .....

Date: .....

**FOR OFFICIAL USE ONLY**

CREATED BY: ..... DATE.....SIGN.....

VERIFIED BY: .....DATE.....SIGN.....

APPROVED BY: ..... DATE.....SIGN.....