



TELEPOST SACCO SOCIETY LIMITED

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LIPA NA PESATELE STORE ACCOUNT APPLICATION FORM

ACCOUNT DETAILS

Registered Organization/Business Name.....

Nature of business.....

Physical Address.....

FOSA Account Number.....

FOSA Account Name.....

ID Number.....

Phone Number.....

SIGNATURE _____ **DATE** _____

FOR OFFICIAL USE

Allocated Lipa na PesaTele Store number

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Opened By..... Signature.....Date.....

Verified By..... Signature.....Date.....

Approved By.....Signature.....

Date.....