

THOME COMMUNITY SACCO LTD

P.O. BOX 64679 – 00618
MUTHAIGA-NAIROBI
TEL: 0790-551 410
EMAIL: thomecsacco@gmail.com

CORPORATE/GROUP REGISTRATION FORM

We wish to join membership as a Group in Thome Sacco Society as per the following details:

1. GROUP DETAILS			
Group Name:			
Postal Address:	Post Code:	Town:	Telephone No:
Mobile Number		Email Address:	
Physical Address:		Date of Registration	

NUMBER OF MEMBERS	
5 to 10	Over 10 but < 100

2. SIGNATORY DETAILS			
FIRST SIGNATORY			
Mr/Mrs./Ms:	First Name:	Middle Name:	Last Name:
ID/ Passport No:	Position in the Company/ Organization:		
Nationality:			
Mobile No:	KRA PIN:		

SECOND SIGNATORY			
Mr/Mrs./Ms:	First Name:	Middle Name:	Last Name:
ID/ Passport No:	Designation:		
Nationality:			
Mobile No:	KRA PIN:		

THIRD SIGNATORY			
Mr/Mrs./Ms:	First Name:	Middle Name:	Last Name:
ID/ Passport No:	Designation:		
Nationality:			
Mobile No:	KRA PIN:		

3. ACCOUNT SIGNING MANDATE		
Signing Instructions (If as applicable)	Singly	Jointly
Either can sign:		
Other signing instructions:		

REFEREE/ Member Introducing the Group/ Corporate Details		
Name:		
Mobile No:		Member No:
I confirm that the applicants are capable of operating an account as group membership to Thome Community Sacco Limited		
Date:	Signature:	

4. AUTHORIZED SIGNATORIES & PHOTOGRAPHS		
We the undersigned request Thome Community Sacco Limited to open an account as detailed above and at any time subsequently open such further account(s) of whatever nature as we may direct. We confirm that all the above details are correct and that we have read, understood and agree to the terms and conditions.		
1 st Signatory:	2 nd Signatory:.....	3 rd Signatory:
NAME:.....	NAME:	NAME:
DESIGNATION:	DESIGNATION:.....	DESIGNATION:
AFFIX PHOTO	AFFIX PHOTO	AFFIX PHOTO

5. INDEMNITY & DECLARATION		
We confirm that the information given above is true to the best of our knowledge. By signing on this form, we request the society to open an account in our company name provided. We agree to abide by the by-laws of this society. We have read and agreed to abide by the Terms and Conditions of this application. We agree that this account shall be operated solely at the discretion of the society and hereby indemnify the society at our cost, against any cost incurred or claims arising out of the account.		
SIGNED BY: _____		

	NAME	SIGNATURE	DATE
1 st Signatory			
2 nd Signatory			
3 rd Signatory			

Any changes to the provided information/ documents should be communicated to the Sacco immediately.

6. FOR OFFICIAL USE

Checked by (A/c Assistant)

Date: Signature:

Approved by: (Secretary) Signature: Allocated Membership No.:.....