



UN DT SACCO

Your Financial Anchor

JUNIOR ACCOUNT APPLICATION FORM

Requirements:

1. Passport size photograph
2. Photocopy of National ID/Passport of Guardian or Parent
3. Birth certificate of junior

I hereby make application for opening a Children/Junior account for my child in accordance with terms of the SACCO by-laws relating to this account.

Parent/Guardian Member No: _____ Agency: _____

Full Name (block letters) _____

ID/Passport No.: _____ Cell Phone No: _____

Email Address: _____

DETAILS OF THE CHILD

Name: _____ Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Gender: Female Male Others

PARENT/GUARDIAN SIGNATURE: _____

Witnessed by:

	Full Name	Member No.	Signature
1.			

FOR OFFICAL USE ONLY

Member FOSA Number: _____

Junior Account Number: _____

TO: UN DT SACCO

PAYROLL AGENCY _____

VOLUNTARY ASSIGNMENT

TO: UNITED NATIONS DEPOSIT TAKING SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

I Mr./Ms. _____

hereby authorize and request you to deduct from my pay each pay day sum of Kenya shillings
_____ (Ksh. _____)

with effect from _____ 20 _____ to be paid to United Nations Deposit Taking Savings and
Credit Co-operative Society limited.

Signature: _____

Date:

D	D	M	M	Y	Y	Y	Y
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FOR OFFICIAL USE ONLY

Data entered by: _____ Sign: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Verified by: _____ Sign: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Note:

- 1. Entrance Fee Kshs. 1000/=
- 2. A FOSA savings account shall be opened for every member