

## BIASHARA BORA ACCOUNT APPLICATION FORM

Please complete this form in capital letters.

## INDIVIDUAL APPLICANT'S DETAILS

First Name	Middle Name		Last Name	
ID/ Passport:			//	
Email:		Phone No.:		
Nature of Business:				
Signature:		-		
GROUP APPLICANT DETAILS				
Group Name:				
Date of Registration:/	_/ Re	gistration No.:		
Permanent Address:				
Email:		Phone No.:		
Nature of Business:				
Signature 1:Sig	gnature 2:		_Signature 3:	

## TO USHURU SACCO DT SACCO SOCIETY LIMITED

I/ We agree that this account shall be operated solely at the discretion of the SACCO and hereby agree to indemnify the SACCO at my/our cost against any loss or claims arising out of the account being closed by the SACCO without notice due to unsatisfactory performance. I/We confirm having read and understood the General Terms and Conditions of operating the account

FOR OFFICIAL USE ONL	Y		
Business account generated			
Initiated by:	Sign:	Date:	
Approved by:	Sign:	Date:	//