



United we grow

COSMOPOLITAN DEPOSIT TAKING SACCO SOCIETY LIMITED

Membership Application Form for Class B (Individuals)

PLEASE COMPLETE THIS FORM

APPLICANTS DETAILS

BRANCH _____ DATE _____

NAME _____

I/D NO _____ Date of Birth _____ GENDER _____

Mobile No. _____ Postal address _____ Town _____ Code _____

Email address _____ County _____

Sub county _____ Ward _____ Residential _____

Physical address _____

Introduced by _____ M/ NO _____ SIGN _____ DATE _____

Referee (family member) _____ Mobile Number _____

Next of kin _____ Relationship _____ ID NO. _____

Mobile Number _____ Residence _____

BUSINESS DETAILS

Business Name _____ Postal Address _____

Nature of Business _____ Approx. monthly income _____

Business location _____

Trade license no. _____ Business Start Date _____

AUTHORITY TO OPEN ACCOUNT

I wish to open the following account and undertake to comply, observe and be bound by the Terms and conditions, also tariffs made by cosmopolitan Sacco including registration fee.

A/C Type: Savings/Salary A/C Child A/C

Christmas A/C Holiday A/C

Sign _____ Date _____

**ATTACH COPIES OF: I.D CARD, TRADE LICENCE. REGISTRATION FEE KSHS
1000.00.**

AUTHORITY FOR CO-OP. DEDUCTIONS

Proposed monthly contributions Ksh. _____ Amount in words _____

_____ Effective date _____

Proposed mode of remittances: Check off Standing order Cash

ADDITIONAL COSMO SERVICES

ATM CARD (tick) ATP

Yes	No
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 BOOK (tick) Yes No

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M-Banking services (tick)

Yes	No
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Mobile number for M-Banking services _____ Sign _____

I AGREE TO ABIDE BY ALL THE TERMS AND CONDITIONS GIVEN FROM TIME TO TIME.

Specimen Signature

FOR OFFICIAL USE ONLY

Customer information checklist:

- Valid identification documents obtained and authenticated.
- Photograph captured/obtained
- Customer contact information available
- M-Banking/ATP/ATM Applied

Applicant Forms & Documents Received by:

Name _____ Sign _____ Date _____

Account opened by:

BOSA Membership No. Assigned-----

FOSA A/c No. Assigned to the customer _____

Officers Name _____ Sign _____ Date _____

Approved by: Name _____ Sign _____ Date _____

ATTACH COPIES OF: I.D CARD, TRADE LICENCE. REGISTRATION FEE KSHS 1000.00.