



United we grow

COSMOPOLITAN DEPOSIT TAKING SACCO SOCIETY LIMITED

Membership Application Form for Class A

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 _____

EMPLOYMENT DETAILS

Employer _____ Payroll No. _____

Designation _____ Work station _____

Category _____ Employer Address _____

Terms of service _____ Retirement Age _____

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, PAYSLIP/INTRODUCTION LETTER/APPOINTMENT LETTER AND REGISTRATION FEE KSHS 1000. REJOINING IS FEE KSHS 2000.

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 |
|-----|----|

 BOOK(tick)

| | |
|-----|----|
| Yes | No |
|-----|----|

M-Banking services (tick)

| | |
|-----|----|
| Yes | No |
|-----|----|

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 _____

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