# STRIDE DEVELOPMENT COOPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED

**APPLICATION TO OPEN AN ACCOUNT**

Form 001 Account no. ………………………… CHI no. SCMC…………………..…

**PERSONAL INFORMATION**

Name (surname)………………………………………… Other Names ………………………………………..………………

Date of Birth Village of Birth ………………………………………………........

Sub county……………………………………………………. District………………………………………………………..

Telephone contacts. ..………………………………………………………… Mobile banking tel. ……………………….

Email……………………………………………………………………………………………………………… Sex……….……..…….. Marital Status…………….. TIN No…………………… Occupation …..…….…………. Religion ……………………..

Employer’s name & address ………………………………………………………………………………………………………..

If married, Spouse Name……………………………………………………………No. of dependants ………………….

Current Address village/cell ………………………………………………….…… Parish ……….…………………………..

Subcounty/ Div. ………………………………………… District ………………………………………………………………….. Ancestral village…………………………….............. Subcounty …………………………… District ……………………

ID No………………………………………… Date of issue…………………………… Issued by………………………………

**NEXT OF KIN**

Next of Kin name…………………………………………………………………… Occupation ……………………………….

Relationship……………………… Tel…………….………………Address…………….………………………………………..

**SHARES PURCHASE REQUEST**

The Sacco has the right to grant you a lesser number of shares than the number applied for and the excess cash paid will be transferred to your saving A/C.

No of shares requested………………Amount in words……………………………………………….……………………

……………………………………………………………..Amount in figures…………………………………………………………

**PARENT’S PARTICULARS**

Father’s name………………………………………………………………………. Alive/ Deceased (tick appropriate)

Address ……………………………………………………………………………………….…… Tel …………….………………..….

Mother’s name…………………………………………………………………….. Alive/ Deceased (tick appropriate)

Address ………………………………………………………………………………………….. Tel ……………………………………

(provide address and telephone contact the parents if alive. For deceased indicate N/A on the contact info)

Member’s Name. …………………………………………………………………………………………………………………………………………..sign ………………………………………………..

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NO | Name of child | Age | Address | Phone no |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |

(list all biological children of the member)

**INTRODUCER**

Name……………………………………………….……. Account No…………………… Tel……………………………………..

**DECLARATION**

I ………………………………………………………………………………………… declare that the above information is correct and accurate and agree to abide by the articles of association / constitution and the rules and regulations.

Sign ……………………………………………………….. Date. ..……………………………………………………………………

Specimen signature(s)

|  |  |  |  |
| --- | --- | --- | --- |
| Member’s Name |  1 |  2 | 3 |
| **Signature** |  |  |  |

**FOR OFFICIAL USE ONLY**

Account No.

A/c opened by…………………………………………………… Sign …………………………. Date ……………………….

Verified by. ..…………………………………………………….. Sign ………………………… Date ………………………

Amended by …………………………………………………….. Sign ……………………….. Date ……………………..