



UKRISTO NA UFANISI DT SACCO LTD

Tufanikiwe Pamoja



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MINOR ACCOUNT APPLICATION FORM

AFFIX PASSPORT
PHOTO

REQUIREMENTS:

1. 1 Passport photo of the child
2. Original and copy of the child's birth certificate

1. MEMBER DETAILS

MEMBER NO.		BRANCH:	
SURNAME:	FIRST NAME	MIDDLE NAME	
ID NUMBER:	TEL. NO:	EMAIL ADD:	

2. CHILD DETAILS

SURNAME:	FIRST NAME:	MIDDLE NAME:
D.O.B(DD/MM/YY):	GENDER:	BIRTH CERT NO:

3. CHILD NOMINEE DETAILS

SURNAME:	FIRST NAME:	MIDDLE NAME:
RELATIONSHIP:	TEL. NO:	PHYSICAL ADDRESS:

N/B: The Nominee is eligible to transact the minor account.

4. NEXT OF KIN/NOMINEE/GUARDIAN INFORMATION (COMPULSORY)

Name (s)	ID No.	Mobile No.	Relationship	Final Dues %	Funeral fund Beneficiary

5. DECLARATION / ACCEPTANCE

I _____ being the guardian/parent to _____ hereby promise to abide by its laws, terms and conditions that govern the Sacco. The information given above is accurate to the best of my knowledge. I agree to abide by the Society's By-laws as may be reviewed from time to time.

Guadian/Parent's Name _____ Signature _____

Nominee Name _____ Signature _____

6. FOR OFFICIAL USE ONLY

CUSTOMER CARE

Form Received on: _____ Input by _____ Sign _____

Photograph Scanned on: _____ Input by _____ Sign _____

Signature Scanned on: _____ Input by _____ Sign _____

Is the Applicant Accepted? YES NO ☐

If NO, indicate reason: _____

Application approved by: _____ Sign _____ Date _____