



**Orient SACCO Ltd**

*Customer Friendly Financial Partner*

# Orient SACCO Ltd.

Section Nine, Thika

P.O Box 1842-01000 Thika

Tel:+254 712 911 888 / +254 759 490 726

Email:info@orientsacco.co.ke / www.orientsacco.co.ke

## ORIENT SACCO ACCOUNT OPENING FORM

**PLEASE COMPLETE ALL THE DETAILS IN BLOCK/CAPITAL LETTERS**

### SECTION A : PERSONAL DETAILS

	FIRST NAME	MIDDLE NAME	SURNAME
NAME:	<input type="text"/>		
MARITAL STATUS	<input type="text"/>	NATIONALITY	<input type="text"/>
		DATE OF BIRTH	<input type="text"/>
ID NUMBER	<input type="text"/>	EMPLOYMENT NO	<input type="text"/>
TELEPHONE NO	<input type="text"/>	EMAIL	<input type="text"/>
WORK STATION	<input type="text"/>	COUNTY	<input type="text"/>
		PHYSICAL ADDRESS	<input type="text"/>
NEXT OF KIN	<input type="text"/>	NEXT OF KIN PHONE NUMBER	<input type="text"/>
RELATIONSHIP TO THE NEXT OF KIN	<input type="text"/>		
TYPE OF ACCOUNT	<input type="text"/>		

**I wish to open the account and undertake to comply/ observe and be bound by the TERMS AND CONDITIONS made by you and in force from time to time or as amended by you pertaining to such account as stipulated in the General ORIENT SACCO by-laws.**

NAME:.....SIGNATURE.....DATE.....

### SECTION B: FOR OFFICIAL USE

ACCOUNT NUMBER	<input type="text"/>	OPENED BY	<input type="text"/>	DATE	<input type="text"/>
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C.E.O/ BANKING EXECUTIVE  
REMARKS