

SHELLOYEES REGULATED NWD T SACCO LIMITED.

JUNIOR SAVINGS ACCOUNT OPENING FORM

REQUIREMENTS

APPLICANTS PARTICULARS:

Parent/Guardian Full NamesMno.....

ID/Passport No.:Cell Phone.....

Home and Permanent Address:

Email Address.....

I hereby make application for opening a Junior account for my child/children in accordance with the terms and conditions relating to this account.

I commit to contribute KshsIn words
.....on
Weekly/ Monthly/quarterly or annually (tick whichever applicable).

DETAILS OF THE CHILD/CHILDREN

1. Name:Date of Birth:.....

2. Name:Date of Birth:.....

3. Name:Date of Birth:.....

PARENT/GUARDIAN SIGNATURE:

MODE OF CONTRIBUTION

Check off Standing Order Transfer Others

FOR OFFICIAL USE ONLY

Data entered by:Sign:.....Date:.....

Verified By:Sign.....Date:

Approved By:Sign.....Date.....