



Vienna Court
State House Crescent Rd
0713 171 618
support@shelloyeessacco.co.ke
www.shelloyeessacco.co.ke



JUNIOR ACCOUNT OPENING FORM

APPLICANTS PARTICULARS:

Parent/Guardian Full Names: _____ M/no.: _____

ID/Passport No.: _____ Cell Phone: _____

Home & 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 Kshs _____ In words _____ on _____

Weekly Monthly Quarterly Annually (tick whichever is 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 Mobile Transfer Others

FOR OFFICIAL USE ONLY

Data entered by: _____ Sign: _____ Date: _____

Verified By: _____ Sign: _____ Date: _____

Approved By: _____ Sign: _____ Date: _____