



CHAI SACCO SOCIETY LIMITED
Head Office: Chai House, Ground floor, Koinange Street
P.O Box 278-00200, City Square Nairobi Kenya
Mobile: 0709 808000/ 0709 808100/ 0709 808101
Email: info@chai-sacco.co.ke, Website: www.chai-sacco.co.ke

ACCOUNT OPENING FORM

PERSONAL DETAILS

FULL NAME			
PAYROLL NUMBER			
MEMBER NUMBER		BRANCH:	
EMPLOYERS NAME			
ID NO.			
MOBILE NO.			
EMAIL ADDRESS			

Account Type:

Chai Holiday Premier account Chai Angels Junior Account Mapato Savings account

(Tick as appropriate)

For Chai Angels Junior Account:

Name of Child:	Gender:
Date of Birth:	Birth Cert. No.
Name of Child:	Gender:
Date of Birth:	Birth Cert. No.

AUTHORITY FOR PAYROLL DEDUCTIONS (For Junior and Holiday Account).

I _____ of ID No. _____ hereby authorize you to deduct

Kshs _____ from my salary and pay Chai Sacco with effect from _____ until cancelled by myself.

Signature _____ Date _____

OFFICIAL USE ONLY

Verified by (CCE): _____ Sign _____ Date _____

Changed BY (CCR): _____ Sign _____ Date _____

Approved by (BM/OP): _____ Sign _____ Date and Stamp _____

VERSION C

REVISION 00