

**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](mailto:info@chai-sacco.co.ke) Website: [www.chai-sacco.co.ke](http://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 | <input type="checkbox"/> | Chai Angels Junior Account | <input type="checkbox"/> | Mapato Savings account | <input type="checkbox"/> |
|------------------------------|--------------------------|----------------------------|--------------------------|------------------------|--------------------------|

(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 \_\_\_\_\_

