

**CHAI SACCO SOCIETY LIMITED**Head Office: KTDA Plaza 4<sup>th</sup> Floor, Moi Avenue

P.O Box 278-00200, City Square Nairobi Kenya

Tel: 020 2214406/ 020 2214410/0701314410

Customer Care: 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:**

(Tick as appropriate)

Savings/Salary

Chai Holiday Premier account

Chai Angel

Mapato Account

**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.

**Next of Kin:**

Name:	Relationship to child:		
ID No.	Phone No.		
Postal Address:	Code:	Town:	
Email Address:			

**AUTHORITY FOR PAYROLL DEDUCTIONS.**

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 \_\_\_\_\_