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JUNIOR ACCOUNT OPENING FORM

REF NO. UCSCS/F/FOSA/014

PASSPORT
PHOTO

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PHOTO

GUARDIAN'S NAME.....

GUARDIAN'S ACCOUNT NUMBER

EMPLOYER STATION.....

PERSONAL NUMBERID NO.

ADDRESS CODE.....TOWN.....

EMAIL ADDRESS.....

TELEPHONE (OFFICE) MOBILE NO.

COUNTY

CHILD'S NAME

DATE OF BIRTH (Attach Birth Certificate).....

FOR OFFICIAL USE

JUNIOR ACCOUNT NO .

ACCOUNT OPENED BY:SIGNATURE.....

APPROVED BY: NAMESIGNATURE.....

RULES FOR JUNIOR ACCOUNT

1. Any person opening Junior Savings Account is deemed to have read, understood and be bound by the rules governing the conduct of the account.
2. The account shall remain active
3. The guardian shall be a member of Ukulima Sacco
4. The minimum balance shall be maintained at all times.
5. Interest rates shall be reviewed regularly in order to remain competitive in the market.
6. Change of address shall be notified to FOSA in writing.
7. Change of authorized persons shall be notified to FOSA in writing