

In this application, we would like to know you even better. We appreciate your time in sharing your information to help us have a comprehensive understanding of your financial needs and assist in planning your future. We look forward to serving you better.



Please complete in BLOCK LETTERS and tick in the appropriate box where necessary.

A. ACCOUNT DETAILS:

Account Name	<input type="text"/>		
Account Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Minor
Account Product	<input type="checkbox"/> Akiba Savings	<input type="checkbox"/> Waridi Junior	<input type="checkbox"/> Wekesa Fixed Deposit
	<input type="checkbox"/> Holiday Savings	<input type="checkbox"/> Miradi Savings	<input type="checkbox"/> Golden Times Savings
	<input type="checkbox"/> Soko Savings	<input type="checkbox"/> Legacy Fund Savings	<input type="checkbox"/> Setyon Biashara Account
	<input type="checkbox"/> Others (Specify) <input type="text"/>		

B. APPLICANTS DETAILS: (As per Identification Documents)

Title:	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr. <input type="checkbox"/>	Eng. <input type="checkbox"/>	Hon. <input type="checkbox"/>	Prof. <input type="checkbox"/>	Others <input type="checkbox"/>
Surname	<input type="text"/>		Other Names	<input type="text"/>					
Date of Birth	<input type="text" value="DD"/>	-	<input type="text" value="MM"/>	-	<input type="text" value="YR"/>	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Others
Nationality	<input type="text"/>		Dual Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Identification Document:	<input type="checkbox"/> Kenyan National ID		<input type="checkbox"/> Passport		<input type="checkbox"/> Alien ID	<input type="checkbox"/> Military ID			
<small>(Please update the Sacco upon renewal of Passport / Alien Id)</small>						KRA PIN:	<input type="text"/>		
Identification Document Number	<input type="text"/>								
Passport No. for Dual Citizens	<input type="text"/>								
Residency Status	<input type="checkbox"/> Resident	<input type="checkbox"/> Non Resident							

C. CONTACT DETAILS:

Residential Address <small>(House No./Street/Road)</small>	<input type="text"/>						
Nearest Landmark	<input type="text"/>						
P.O. Box	<input type="text"/>	Postal Code	<input type="text"/>	Town/City	<input type="text"/>	Country	<input type="text"/>
Mobile Number <small>(Start with country code)</small>	<input type="text"/>		Email Address	<input type="text"/>			
Social Media Handles <small>(Optional)</small>							
Facebook	<input type="text"/>		Twitter	<input type="text"/>		Instagram	<input type="text"/>

D. OCCUPATION DETAIL:

(For employed individuals or dependants)

Terms of employment	Permanent <input type="checkbox"/>	Contract <input type="checkbox"/>
Name of Employer		
Industry		

Contract Expiry

DD

MM

YR

☐ Others (Specify) _____

E. NATURE OF BUSINESS DETAILS: (For self-employed individuals)

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Estimated Monthly Income Levels (Kes equivalent) (Tick the Appropriate Box Hereunder)

Salary: ☐ 0-100,000 ☐ 100,001-500,000 ☐ Over 500,000

Other Income ☐ 0-100,000 ☐ 100,001-500,000 ☐ Over 500,000

Additional Details for Junior Account: (Details of the Minor – Up to 18yrs old only)

SURNAME	OTHER NAMES	DATE OF BIRTH	BIRTH CERTIFICATE NUMBER

F. CONTRIBUTION DETAILS

I wish to make a monthly savings contribution of **(Min. Ksh 500)** Ksh _____

Effective Date: DD - MM - YR

Proposed mode of remittances: ☐ Checkoff ☐ Standing Order ☐ Cash Deposit

G. THIRD PARTY MANDATE: (As per Identification Documents - Where Applicable)

Surname	<input type="text"/>	Other Names	<input type="text"/>
Date of Birth	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YR	Conditions	<input type="text"/>
Mobile Number	<input type="text"/>		
Identification Document:	<input type="checkbox"/> Kenyan National ID <input type="checkbox"/> Passport <input type="checkbox"/> Alien ID <input type="checkbox"/> Military ID		
Identification Document Number:	<input type="text"/>	KRA PIN	<input type="text"/>

(Please sign only within the boundaries of this box)

Applicant's Signature

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Next Of Kin Details:

NAME	DATE OF BIRTH	ID NUMBER	PHONE NUMBER	%	RELATIONSHIP

H. ACCOUNT OPERATING TOOLS (Tick appropriately)

1. **Debit Card:** Note: Issued to Joint Accounts **ONLY if 'ANY TO SIGN'**

Issue Debit Card (Where Applicable):

☐

Yes

☐

No

2. Register for **Mobile** Banking

☐

Yes

☐

No

If yes, Primary Mobile Number

3. Register for **Online** Banking

☐

Yes

☐

No

If YES indicate preferred user ID

One Time Password (OTP) delivery (tick appropriately):

☐

SMS Only

☐

SMS & Email

☐

Email Only

4. **Cheque Book**

☐

Yes

☐

No

If Yes:

☐

50 leaves

☐

100 leaves

7. Statement Cycle:

☐

Monthly

☐

Quarterly

☐

Annually

Email Address

8. Would you like us to accept your **electronic instructions** from your provided Email?

☐

Yes

☐

No

9. Would you like to receive transaction alerts?

☐

Yes

☐

No

If YES,

☐

SMS Only

☐

Email Only

☐

SMS And Email

Mobile Number

Email Address

I. DECLARATION

I have read and understood the Terms and Conditions overleaf, copies of which have been given to me. I understand that by entering into this banking agreement, I give indemnities, authorizations, consents and waivers and agree to limitations on the Sacco's liabilities. I do hereby affix my signature as evidence that I fully understand and agree to be bound by the same. I have, in addition, agreed to be bound by any variations to the Terms and Conditions that may be made by the Sacco from time to time, and updated on its Website: <https://www.setyonsacco.co.ke>

SIGNING MANDATE (If joint)

☐

Any

☐

All to Sign

☐

Others (Specify)

Applicant's Signature

Signed in the presence of (Sacco Officials' Name):

Signature:

Date:

DD

MM

YR

J. OFFICIAL USE ONLY

Name of Sales Staff/Agent:	Staff Number:
Branch Name:	Branch Code:
Name of Staff making the Sales Referral:	Staff Number:

Customer Information Checklist

<input type="checkbox"/> For each nationality, valid identification documents obtained and verified	<input type="checkbox"/> Photographs obtained/captured and authenticated
<input type="checkbox"/> Operating tools required indicated	<input type="checkbox"/> Customer contact information obtained
<input type="checkbox"/> Mandate Signatures obtained (where applicable)	<input type="checkbox"/> Sources of income/funding obtained and verified

Authorizing Official’s Signature _____ Branch Stamp _____

Date

DD

 -

MM

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YR