



ASILI SACCO SOCIETY LIMITED

P.O BOX 49064 – 00100 NAIROBI

Email: info@asilisacco.coop

Website: www.asilisacco.com

Tel: 020 263 0244 / 0722 472 823 / 0733 472 823

BARAKA/JUNIOR ACCOUNT OPENING FORM

Account Name

Monthly contribution

Mode of payment

Nationality

Date of Birth (Attach birth certificate/Notification)

PARENT/GUARDIAN

Full Names

Member No.

ID/Passport No.

Mobile No.

Address Code Town.....

Occupation Employer Signature Date

OFFICIAL USE

Account opened by: Name.....signature.....Date.....

Account verified by: Name.....Signature.....Date

Requirements

- Minimum account balance is Ksh. 1,000
- Account is for members below 18 years
- Withdrawals are done once in a quarter
- Earns interest by the end of the year
- National ID or passport photo for parent/guardian
- Birth certificate of the child
- Passport for the child

