



# ASILI SACCO SOCIETY LIMITED

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## **HUSTLERS SAVINGS ACCOUNT FORM**

### **Applicants Details**

Full Names.....

ID No.....PF/No/BM NO.....

Employer (if applicable) .....

Mobile No.....

Email Address.....

I wish to commence saving towards **Hustlers Account** at Ksh.....In words.....per month with effect from the month of .....20.....

**Mode of Payment**  Checkoff  FOSA Standing Order  Pay bill  Bank standing order

(Tick where appropriate)

NAME.....SIGNATURE.....DATE.....

### **OFFICIAL USE ONLY**

Account opened by Name ..... Signature.....Date.....

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

### **Requirements**

- Minimum opening balance Ksh 200
- Withdrawal allowed once per month
- Attach ID photocopy
- Two passport size photos

