



ASILI SACCO SOCIETY LIMITED

P.O BOX 49064 – 00100 NAIROBI

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Website: www.asilisacco.com

Tel:020 263 0244 /0202699305/ 0722 472 823 /0733472823

UCHUMI 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 **UCHUMI Account** at Ksh.In words.....per month with effect from the month of20.....

Mode of Payment Checkoff FOSA Standing Order Paybill 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