JCSC. F. 10

JOGOO DT SACCO SOCIETY LIMITED

WATOTO SAVINGS ACCOUNT APPLICATION FORM

PARENT'S DETAILS

1) FULL NAME.....CELL NO.....

2) PERSONAL NUMBER.....MEMBER NO.....

3) EMAIL.....

4) MINISTRY/DEPARTMENT.....ID NO.....

5) PRESENT ADDRESS.....

CHILD'S DETAILS

6) CHILD'S NAME.....CELL NO.....

7) CLASS.....

8) DATE OF BIRTH.....

9) GUARDIAN'S NAME.....ID NO.....CELL NO.....

10) NOMINEE'S NAME.....CELL NO.....

11) RELATONSHIP WITH NOMINEE.....

I hereby make application for Watoto account membership on behalf of my child and agree to conform to the by-laws or any amendments thereof in the Jogoo Co-operative Savings and Credit Society ltd.

This application is only valid for children under 18 years.

Date.....Signature.....

FOR OFFICIAL USE ONLY

Receipt No.....

Approved/Not approved by Board of Directors..... signature.....

0709 027 600/ 0721 694 851 Calls only / 0711 454 535 SMS & WhatsApp Only
Email us: info@jogoosacco.coop

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AUTHORITY TO MAKE DEDUCTION FROM SALARY.

I...Mr./Mrs./Miss.....
hereby authorize you to deduct Ksh.....(in words)
....towards
Watoto savings account from my salary and pay to Jogoo Co-operative Savings and Credit Society ltd with effect from the month of.....20 .....until further notice.

FULL NAME	
PF. NO	
MEMBERSHIP NO	
MINISTRY/DEPARTMENT	
PRESENT ADDRESS	

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