



SMARTLIFE SACCO SOCIETY LTD.

P.O. BOX 118-30705, KAPSOWAR
Email: info@smartlifesacco.co.ke

CS-7590

Date:

ACCOUNT OPENING FORM

INSTRUCTIONS:

- This form should be completed in **BLOCK LETTERS**

PERSONAL DETAILS

1. Full name:
2. DOB:
3. Personal Number (TSC/P/NO):
4. ID Number:
5. Phone Number:
6. Have you ever been a member of this society before? If yes, please provide your member no
7. Designation:
8. Station/School:
9. Present Address:
10. Division:
11. Village:
12. Next of Kin or nominee:
13. Relationship to the next of kin:

I certify that the information given here is correct to the best of my knowledge

Member's signature: