



WE ARE ISO 9001:2015 CERTIFIED

## HOLIDAY SAVINGS ACCOUNT OPENING FORM

This form needs to be filled and returned to The Hon. Secretary Kimisitu Sacco, P.O. Box 10454-00100 Nairobi, Kenya.

*You are required to attach a copy of your National Identity card or copy of a valid passport.*

Name in full .....(BLOCK LETTERS)  
 Organization .....Designation .....M/NO .....  
 Address .....I/D No .....Email Address .....  
 Home Address .....Mobile No .....

### MODE OF PAYMENT

Check off       Cash/Cheque Deposit       Standing order

**NB:** Please ensure to indicate your member number on the standing order and submit copy of the standing order /deposit slip to our offices.

### AUTHORITY TO DEDUCT FROM SALARY (check off only)

The Accountant.....  
 I.....hereby authorize you to deduct the sum of Kshs .....  
 .....from my salary every month to pay Kimisitu Sacco Ltd with  
 effect from .....until .....

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

### NOMINEE DETAILS

Next of Kin [Nominee] and Addres.....

Next of Kin's relation to Member .....

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