



WE ARE ISO 9001:2015 CERTIFIED

## LITTLE ANGELS CHILDREN'S SAVINGS ACCOUNT OPENING FORM

### FOR OFFICIAL USE:

**Application No** ..... **Date Received** ..... **Entered BY**.....

*Please attach a copy of member's ID/valid passport and child's birth certificate*

Member's name ..... Organization .....

ID/PASSPORT NO ..... Member No ..... Telephone .....

Mobile No ..... Postal address ..... Email address .....

### CHILD (REN) DETAILS

NAME	DATE OF BIRTH	SAVINGS AMOUNT

### 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.

**Member's Signature** ..... **Date** .....

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

*The Accountant (PAYROLL/HR OFFICER) .....*  
.....

*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 .....**

**FOR OFFICIAL USE ONLY**

*Date of Registration .....*

*Reg No.1*

*Reg*

*Reg*