



Haco Sacco Society
P.O. Box: 43903 - 00100
Email: info@hacosacco.co.ke
Web: www.hacosacco.co.ke

JUNIOR SAVINGS ACCOUNT

Application Date: (DD/MM/YYYY)...../...../.....

I, hereby make an application for membership and agree to conform and abide by the Society's by- laws, internal rules and regulations, and amendments thereof.

Complete all the necessary sections in block letters and attach the following documents: Member's I.D copy, KRA PIN copy, and copy of birth certificate.

1. CHILD'S DETAILS

Full Names (As Per Birth Certificate No.):	
Age:	ID No:
Birth Certificate No:	Gender:

2. PARENT'S/GUARDIAN'S DETAILS

Full Names (As Per ID):		
Date of Birth:	Occupation:	ID No:
Marital Status:	Married	Single Others
Mobile No 1:	Mobile No 2:	
Personal Email Address:		
Postal Address:	Postal Code:	Town:
KRA PIN:	Member No:	

3. REMITTANCE TO THE SOCIETY DETAILS

I hereby authorize Haco Savings and Credit Cooperative to deduct KShs.....monthly Junior Savings from my salary and or any other mode (s) of remittance indicated below. This is effective from

.....until further notice.

In addition, I understand there is **KShs 500** membership fee to be deducted from my initial remittance and a monthly insurance fee based on my total outstanding deposits and loans to be remitted to Haco Savings and Credit Cooperative.

Payroll Deduction:	<input type="checkbox"/>
Bank Standing Order:	<input type="checkbox"/>
Direct Debit Mandate:	<input type="checkbox"/>
Internal Standing Order (Lipa na MPESA):	<input type="checkbox"/>

4. MPESA PAYMENT DETAILS

PAYBILL	7325939
ACCOUNT NAME	ID NUMBER

5. CONTACT PERSON DETAILS (FILL OUT THE NOMINEE\ BENEFICIARY FORM)

NEXT OF KIN (FULL NAME (S)) (CONTACT PERSON)	RELATIONSHIP	ID NO	ADDRESS	MOBILE NO
1.				

6. FOR SOCIETY USE ONLY

NAME	
1.) Captured By:	
2.) Verified By:	
3.) Approved By:	

PARENT'S /GAURDIAN'S SIGNATURE:

DATE:

