Head Office
PATNAS PLAZA
P.O. Box 601-20210, Litein, Kenya
Tel: +254 720 938 233
Email: info@patnassacco.co.ke
Website: www.patnassacco.co.ke
Paypoints: Sotik, Roret, Chebirbelek, Cheborgei

APPLICATION FOR MEMBERSHIP & FOSA SAVINGS ACCOUNT

Requirements. * Attach a copy of your National I.D or Passport. * Please Complete Your Details in Capital letters.

1. DETAILS OF THE APPLICANT (Tick where appropriate)

(Full Name) Mr./Mrs./Miss/ (As per I.D)_____

Grower No/ Payroll No. _____ **Gender** **Male** ☐ **Female** ☐

Marital status **Married** ☐ **Single** ☐

Date of birth_____I.D/ Passport No._____Nationality_____

County_____Sub County_____Division_____Location_____

Sub-Location_____ Village_____Mobile Number_____

Email Address_____Mailing Address: P.O. Box_____Code_____

Physical Residence_____Occupation_____

2. NEXT OF KIN DETAILS

Next of kin_____I.D No_____Relationship_____

Next of kin Address_____Mobile No. _____

I Hereby make application for membership and agree to abide by the Patnas Sacco by laws and/or any amendment thereof, and the terms and conditions for the FOSA savings. I further understand that the operations of FOSA Savings Account will be subject to the tariffs which can be reviewed by the management without prior notice.

Name of customer	Signature	Date

3. FOR OFFICIAL USE ONLY

Documents Required checklist.

☐ Original I.D/ Passport Sighted ☐ Specimen signature obtained ☐ Application details completed

Membership No._____Date of Admission_____

A/c No. ☐☐☐☐☐☐☐☐☐☐ Account Type:_____

Account open by_____Signature_____Date_____

Approved by_____Signature_____Date_____