

PERSONAL/JOINT ACCOUNT OPENING FORM

FOR OFFICIAL USE ONLY	Branch _____											
Customer ID No. _____ Account No. _____	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											
Payroll _____	Date: _____											
Member _____												

I/We wish to open an account at Winas Sacco Ltd. and undertake to comply, observe and be bound by the general terms and conditions in force from time to time governing the operation of the accounts with the bank.

TYPE OF ACCOUNT :-

SAVINGS A/C	<input type="checkbox"/>	SCHOLAR A/C	<input type="checkbox"/>
HOLIDAY A/C	<input type="checkbox"/>	JOLLY JUNIOR A/C	<input type="checkbox"/>

1ST APPLICANT

Full Names (Mr./Mrs./Ms/Business Name) _____

Nationality _____ Date of Birth _____

ID/Passport No. _____ PIN No. _____

Division _____ Location _____ Sub-Location _____

Mailing Address: P.O. Box _____ Code. _____

Tel. Office _____ Mobile No. _____ Email. _____

Occupation _____ sector _____

Place of work _____

Next of kin _____ Relationship _____

ID/passport No. _____ Tel: _____

JOINT ACCOUNT HOLDERS (WHERE APPLICABLE)

2ND APPLICANT

Full Names (Mr./Mrs./Ms./Miss./Dr./Prof.) _____
Nationality _____ Date of Birth _____ Id/Passport No. _____
Division _____ Location _____ Sub-Location _____
Mailing Address: P.O. Box _____ Code _____
Tel. Office _____ Mobile No. _____
Fax _____ Email. _____
Employment/Occupation Details _____
Physical /Address _____ Tel: _____

3RD APPLICANT

Full Names (Mr./Mrs./Ms./Miss./Dr./Prof.) _____
Nationality _____ Date of Birth _____ Id/Passport No. _____
Division _____ Location _____ Sub-Location _____
Mailing Address: P.O. Box _____ Code _____
Tel. Office _____ Mobile No. _____
Fax _____ Email. _____
Employment/Occupation Details _____
Physical /Address _____ Tel: _____

NB: Tick the appropriate Box (1) Either to sign (2) All to sign

DECLARATION

I/We confirm that the information I/We have provided herein and the disclosures made are true; and I/We have read and understood the general terms and conditions of Bank and undertake to comply, observe and be bound by the same.

Name in Full (BLOCK LETTERS) of authorized Signatories	National ID/Passport No.	Specimen Signature	
		1 st	2 nd
1 st Applicant.			
2 nd Applicant			
3 rd Applicant			

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- Original ID'S / Passport Sighted
- Specimen Signature Obtained
- ID'S/Passport copies obtained
- Cheque book ordered
- Application details completed
- Photo taken, signature scanned
- Terms and conditions Signed.

I confirm that I have checked that all the above details have been completed in accordance with Winas Sacco procedures and those relevant documents are attached. I confirm acceptance of this customer relationship with Winas Sacco Ltd.

Completed by: _____ SIGN _____ DATE: _____

AUTHORISED BY: CHIEF EXECUTIVE OFFICER _____ SIGN _____ DATE _____

OPENED BY: _____ SIGN _____ DATE _____

VERIFIED BY: _____ SIGN _____ DATE _____

Terms & Conditions of Accounts

For the purpose of these terms and Conditions FOSA shall refer to Winas Sacco Ltd its successors in title and assigns:

1. Any Person(s) opening an account with the FOSA (whether resident or non resident) will be deemed to have read and understood these terms and conditions and the applicable Schedule of Bank Charges issued and amended.
2. No account shall be opened by the FOSA unless the account opening form is fully completed and the requisite supporting documents attached and attested by the required authorities (if any).
3. Upon submission of duly completed account opening forms the FOSA will generate an Account Number for the customer in accordance with the FOSA policies and procedures on account Opening.
4. The FOSA has a statutory responsibility to apply any applicable tax on all charges on customers' accounts.
5. Only valid and acceptable means of Identification (International Passport, Kenyan National Identity Card) will be required before the Bank opens any account.
6. Each account shall possess a distinctive number, which shall be quoted in all correspondence with the FOSA relating to the account.
7. Any change in the name, address, registration certificate (business names) and certificate of incorporation (companies) should be immediately communicated in writing to the FOSA.
8. The post office/courier firms and other agents of mail delivery shall be considered agents of the account holders for delivery of statements, letters and related other related communication, no responsibility shall be accepted by the FOSA for access by third parties, loss, delay or non delivery of such items including cheque books sent by post/courier at the request of the account holder.
9. The FOSA is authorized to effect such orders in respect of the accounts as may be required by any court order or competent authority or agency under the applicable laws of the land.
10. Interest on fixed deposits is paid at periodic interval, as determined by the Bank and/ or upon respective maturity dates of such deposits at such rate as may be determined by the FOSA from time to time.
11. Uncleared instruments though credited in the account shall not be drawn against unless in the complete discretion of the FOSA and at such drawings will attract uncleared effects charges as may be set from time to time. Even if such instruments are credited to customers account and/or allowed to be drawn against, the FOSA shall have at all times the right to debit the account holders account, if the instruments are not realized without prior notice to account holder/depositor.
12. In case a deposit matures on a public or FOSA holiday, then the FOSA shall pay the deposit on the next working day when the FOSA is open for ordinary banking business.
13. Cheques may only be drawn on printed cheques supplied by the FOSA. The FOSA reserves at all times the right to refuse payment of cheques drawn otherwise.
14. Cheques should be signed by the account signatory(ies) as per specimen signature and mandate, supplied to the FOSA and any alteration(s) thereon must be authenticated by the drawer(s) full signature.
15. Post dated, stale and defective cheques shall not be paid by the FOSA.
16. Upon the FOSA receiving notice of the demise of an individual customer, the FOSA will not be obliged to allow any operation or withdrawal from the account by any person except on production of a death certificate and a court order from a court of competent jurisdiction or any other relevant document recognized by law for succession purposes.
17. In cases of a joint account and one of the account holders dies then the money in the account and any other benefit, interest or obligation relating to that account will revert to the serving joint holder(s)
18. The FOSA will take due care to see that the credit and debit entries are correctly recorded in the accounts of the account holder/depositor. Any

For the purpose of this indemnity and /or Undertaking, the word Services shall be deemed to include any form of banking services or products that FOSA may offer its customers from time to time including any cards and access codes. This indemnity and undertaking shall be deemed to be an integral part of the account.

I/We hereby agree with the terms and conditions and undertaking given, which I/we have read, and understood, and confirm that the information supplied is correct to the best of my/our knowledge.

discrepancy in the statement of account should be promptly brought to the notice of the FOSA in writing within fourteen days of dispatch of statements; failure to which the statement of account shall be deemed to be final and conclusive, for all purposes whatsoever. In the case of any error, the FOSA reserves the right, at all times to make adjusting entries to rectify the error without notice, and recover any amount wrongly paid or credited to any person together with any accrued interest or profit. However, the FOSA shall not be liable for any loss or damage due to such error or any consequential loss arising there from to any party.

19. No account holder/depositor may annotate or delete any entries in the statement of account. Any discrepancy found, should at once be brought into notice of the FOSA. If the statement of account is lost or spoilt, a duplicate statement of account may be provided by the FOSA , subject to such charge as is, applicable under its Schedule of Charges.
20. Minimum balance requirement (if any) will be notified by the FOSA from time to time. Any failure or omission to maintain such deposit or balance criteria may result in the levy of penalty as deemed fit by the FOSA.
21. The FOSA reserves to itself the right to close with or without prior notice, any account which in its opinion is not satisfactorily operated upon, or for any reason whatsoever on the sole discretion of the FOSA.
22. The FOSA solely reserves the right to terminate any type of relationship with the account holder/depositor without assigning any reason.
23. Account holder/depositor wishing to close the account must, surrender any unused cheques, ATM Cards any other documents, instruments issued by the FOSA to the account holder. The Account Holder will also be liable for account closing charges as in force, at the Bank before he can be paid the last remaining credit balance, if any.
24. The FOSA shall have discharged its liability with respect to an account so closed by processing a transfer on instruction from the customer, in the currency of such account, payable to the account holder/depositor in the amount of the credit balance of such account less deduction(s) in respect of the amount of any claim that the FOSA may have on such funds constituting the credit balance.
25. The FOSA shall determine from time to time the rate of interest payable on the account having regard to the prevailing market interest rate and the account holder/depositor hereby agrees to accept such rate of interests.
26. The FOSA may from time to time and at anytime revise, amend, delete or supplement any of these terms and conditions whether in whole or part including without limitations the charges leviable in respect to its services. Such charges shall be effective from the date specified by the FOSA for such modification. These amendments/ alterations shall be notified to the account holder/depositor and /or displayed at the FOSA premises/website from time to time and, shall be binding on the account holder/depositor. The FOSA reserves the right at any time and without notice to impose charges for the use of its services at any time.

Name of Customer	Signature	Date
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