



KANISA REGULATED NON-WDT SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD.

All Africa Conference Churches compound, Opp. Safaricom House, Waiyaki Way.
P.O. Box 1225, 00606, Westlands, Nairobi, Kenya Tel: 0714-612049 / 0780612049
Email: info@kanisa-sacco.org Website: www.kanisa-sacco.org

CHILDREN’S SAVINGS SCHEME APPLICATION FORM

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

Member’s Name.....

ID/PASSPORT No.....Member No.....

Organization.....Mobile No.....

Postal address.....Email address.....

CHILD / CHILDREN’S DETAILS

1. Name.....

Date of Birth.....Savings amount

2. Name.....

Date of Birth.....Savings amount.....

3. Name.....

Date of Birth.....Savings amount.....

(NB a separate sheet can be attached for those with more than 3 children)

MODE OF PAYMENT

Check off Cash Cheque Deposit Standing order

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

I hereby enroll my child(ren) into the children’s savings scheme and agree to abide by the By - Laws and membership terms and condition of Kanisa Sacco and any amendment thereof.

Member’s Signature.....Date.....

FOR OFFICIAL USE ONLY

Date of Registration.....Account No.....

Manager’s Name Signature.....