

## P.O.BOX 44071 - 00100 GPO NAIROBI Tel +254-20-2785000

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## SACCO SERVICES AGENCY APPLICATION FORM

GENERAL INFORMATION
1. Name of the Proposed Agent
2. Type of Business/Commercial activity (State the type of business activity being carried out by the entity:
PERSONAL INFORMATION
1. Surname: Other Names:
2. Year and place of birth:
3. Identification card number:
4. Postal Address:
5. Physical address:
6. Relationship with the entity:
7. Educational Qualification
8. Business/Work Experience:
9. Name of Banker: (If any)
DECLARATION
I certify that the information given above is complete and accurate to the best of my knowledge
Name:
Title in the Entity:
Signed:
IMPORTANT - This application should be accompanied with particulars listed overleaf as attachments