



KYAMUHUNGA PEOPLES CO-OPERATIVE

SAVINGS AND CREDIT SOCIETY LTD

ORDINARY SAVINGS ACCOUNT OPENING FORM

Date_____

Branch Id_____

Account No_____

Member Id_____

Member Type: Individual Joint

PERSONAL DETAILS

Title_____First Name_____

Middle Name_____Last Name_____

Gender_____Date of Birth_____

Nationality_____Resident_____

Identification Type_____Identification No_____

Issued by_____Id expiry Date_____

Literacy level_____Marital Status_____

Opened on_____Opened By_____

ADDRESS

PERMANENT HOME ADDRESS

Residential: Village/cell_____Village/Cell_____

Parish/ward: Parish/ward_____Parish/Ward_____

Sub-county/Division_____Sub-County/Div_____

District_____District_____

EMPLOYMENT

Name of the institution _____ Occupation _____

Address _____ Work Station _____

Department _____ Telephone Number _____

Email Address _____ Mobile Number _____

INTRODUCER DETAILS

Names _____

Address _____

Occupation _____

Email address _____ Telephone Number _____

OTHER BANK ACCOUNT

Institution Name _____

Branch _____

NEXT OF KIN

Name _____ Gender _____ Date of Birth _____

Village/Cell _____ Phone Number _____

Parish/ward _____ Sub-County/Division _____

District _____ Relationship _____

I/We confirm that the information given is true and complete.

I/We agree that I/We have understood the terms and conditions of this account and agree to be bound by them.

Signature _____ Date _____

Signature _____ Date _____

KYAPS OFFICIAL ONLY:

Names _____ Designation _____

Signature _____ Date _____