



CHAI SACCO SOCIETY LIMITED
Head Office: KTDA Plaza 4th Floor, Moi Avenue
P.O Box 278-00200, City Square Nairobi Kenya
Tel: 020 2214406/ 020 2214410/0701314410
Customer Care: 0709 808100/ 0709 808101
Email: info@chai-sacco.co.ke
Website: www.chai-sacco.co.ke

ACCOUNT OPENING FORM

PERSONAL DETAILS

FULL NAME			
PAYROLL NUMBER			
MEMBER NUMBER		BRANCH:	
EMPLOYERS NAME			
ID NO.			
MOBILE NO.			
EMAIL ADDRESS			

Account Type:

(Tick as appropriate)

Savings/Salary Chai Holiday Premier account Chai Angels Account

For Chai Angels Junior Account:

Name of Child:		Gender:	
Date of Birth:		Birth Cert. No.	
Name of Child:		Gender:	
Date of Birth:		Birth Cert. No.	

Next of Kin:

Name:				Relationship to child:	
ID No.				Phone No.	
Postal Address:		Code:		Town:	
Email Address:					

AUTHORITY FOR PAYROLL DEDUCTIONS.

I _____ of ID No. _____ hereby authorize you to deduct Kshs _____ from my salary and pay Chai Sacco with effect from _____ until cancelled by myself.

Signature _____ Date _____