



Mombasa Port Sacco Ltd
My Sacco of Choice

**Mombasa Port Saving and Credit Co-operative
Society Limited**

P.O. Box 95372 Mombasa- Kenya

Telephone: 041-222-124

Mobile: 0725238367/0780238367/0743836783

Email: info@msaportsacco.co.ke

CORPORATE/GROUP APPLICATION FORM

Name of Group/Institution _____

Type of Organization Group Association Partnership Company

Others (Specify) _____

Registration Number _____

Date of Registration/Incorporation _____

Registered Offices Address _____ Code _____ Town _____

Office Telephone/Mobile No. _____ Email(office) _____

Contact Person _____ Mobile No. _____

Physical address (Building name) _____ Street. _____

Nature of business _____

Purpose of Account opening: Investment Transaction Savings & Borrowing

Sources of funds to account: Savings Business income Shareholders contributions

Borrowing Income from investments others (Specify) _____

Name of Directors/Officials

	Name	ID/Passport No	Position Held
1			
2			
3			
4			

Signatory

Details	1 st Signatory	2 nd Signatory	3 rd Signatory	4 th Signatory
Name				
Designation				
Nationality				
National ID No.				
KRA PIN No.				
Cell No.				
Email				
Employer/Business Name				
Residence address				
Bankers				
Occupation				

Signing /Transaction instructions (Tick where applicable)

All to sign

Any two to sign

Others (Specify).....

We intend to start saving Ksh. _____ Per monthly with effect from _____

DECLARATION

Indemnity Clause: I/We understand that this account shall be operated solely at the discretion of the Saco and hereby agree to indemnify the Sacco against any loss or claim arising out of the account being closed by the Sacco without notice due to unsatisfactory performance.

The account shall be opened and operated subject to any directions that may be issued to the Society by its statutory regulations from time to time.

The declaration given in this form is true and we shall be held responsible for the same at all times.
(Signatories to sign below)

Name	Position	Signature	ID Number	Date

OFFICIAL USE

This application has been accepted under the following membership category

Group Corporate Investor Partnership

Membership approved by _____ Signature _____ Date _____

Membership No. _____

Account Opened by _____ Signature _____ Date _____

Checked by _____ Signature _____ Date _____

ATTACHEMENTS

CORPORATE	GROUP/CHAMAS
Memorandum and article of association/Constitution	Certificate of Registration
Audited accounts if limited by shares	Constitution of the group
General meeting/board resolution authorizing acc. opening	Minutes of the group resolving to join the Sacco
Copies of identification of authorized signatories	Copies of ID cards of authorized signatories
Pass port size photos of Authorized signatories	Pass port size photos of signatories
Certified copy of registration certificate	Signed list of group members
Specimen signatures of Signatories	KRA PIN copies of signatories
KRA PIN copies of Directors	Introductory from Gender & Social Services Department
Company KRA PIN copy	All documents to be certified by the Gender & Social service

Recruited by Name: **Check/Staff No**.....