



www.tetrapaksacco.co.ke

SOCIETY LIMITED

FENTERPRISE ROAD

EMAIL:info@tetrapaksacco.co.ke

TETRAPAK SACCO

SMK BUILDING, FIRST FLOOR

P.O.BOX 7834-05007, NAIROBI

[TEL:0714611211](tel:0714611211)

Website:

ACCOUNT OPENING FORM

PERSONAL DETAILS

FULL NAMES	
ID NO.	
MOBILE NO.	
EMAIL ADDRESS	
EMPLOYERS NAME	

FOR TETRAPAK MALAIKA 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
ID No.	Phone No.
Postal Address:	Code: Town:
Email Address	

Proposed Mode of Deduction

Check off	Standing Order	Direct Debit	Mpesa Pay bill
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AUTHORITY FOR PAYROLL DEDUCTIONS.

I _____ OF ID No. _____ hereby authorize you to deduct an amount stated below from my salary/wage every month and pay the same on my behalf to TETRA PAK SACCO CO-OPERATIVE SOCIETY with effect from _____ until cancelled by myself.

Share capital contribution	
Share deposit	
Membership fee	
Tetrapak Malaika Junior Account	

Member's signature_____Date_____

FOR OFFICIAL USE

Honorable secretary's signature_____

NB: - Deductions shall not be undertaken without the approval and the secretary's signature.

DATE OF ADMISSION TO MEMBERSHIP,

FIRST DEDUCTION DUE

MEMBERSHIP REGISTRATION No.

RECORDED BY BOARD OF DIRECTORS.....

CHAIRMAN'S SIGNATURE.....

MINUTE No.....DATE.....

DATE OF WITHDRAWAL.....DATE OF
REFUND.....

CHAIRMAN'S SIGNATURE.....

MINUTE No.....DATE.....