***FEBCO SACCO***

 **CORPORATE MEMBERSHIP APPLICATION FORM**

**Business/Corporate Information**

Name of Business/ Company /Group (As per registration certificate) …………………………………………………………………………………………………….

Nature of Business ..........................................................................................................

Certificate of Registration / Incorporation No: ...........................................................

Date of Business / Company / corporate registration ..............................................

Postal address (P.O Box) ..............................................................................................

Office Tel. No ......................................... Mobile No .....................................................

Email address ................................................. TPIN ........................................................

**Contact Person**

Full Name……………………………………Phone No………………. ……………………

Email Address………………………………Postal Address………………………………..

Physical Address……………………………………………………………………………….

**Company/Business Location**

Physical Address…………………….................................................................................

Duration at current location: ........................................................................................

**History of the Company/ Business Operations**

Number of years in operation………………………………………………………………

Nature of company’s operations……………………………………………………………

Source of Funds…………………………………………………………………………………

Number of employees…………………………………………………………………………

### TERMS AND CONDITIONS SIGNED

### I/we wish to open an account at FEBCO SACCO and undertake to comply, observe and be bound by the General Terms and Conditions in force from time to time governing the operation of accounts with FEBCO SACCO

*Signature of Applicant ..................................................Date........................................*

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**FOR OFFICIAL USE ONLY**

Verified by.................................................Signature.......................Date........................

Processed by............................................Signature........................Date........................

SACCO Manager ………………………….Signature……………….Date……………….

*Membership Number ..................................................Date…………………………*