

Concorde Savings & Credit Co-operative Society Ltd

Centenary House, 3rd Floor Off Ring Road Westlands,
P.O.Box 10690 - 00100 -Nairobi, Kenya
Office Cell: 0700 552 588 / 0725 800328
info@concordesacco.com
www.concordesacco.com

Concorde Junior Savings Account Form

I do hereby request for my child(ren) to be admitted into the membership of Concorde Co-operative Savings and Credit Society Ltd and do agree to abide by all the By-laws and / or any amendments thereof:

Guardians & Child(ren) Details *(In Block Letters)*

Full Name.

Mobile No. Tel No.

*Date of birth (dd/mm/yy) Present address

Marital Status Gender

*ID/passport No. E-mail address

*Membership Number

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

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

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

Preferred Monthly Contributions (Minimum Ksh.500.00) Amount in words

Proposed mode of remittances -Check off Standing order Direct debit Others specify

*Effective date (dd/mm/yy)

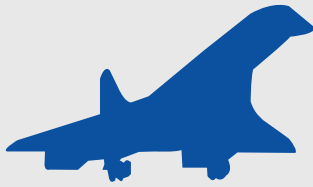
FOR OFFICIAL USE ONLY

Date of admission to membership.....

Membership number allocated.....

Membership number allocated.....

Membership number allocated.....



Concorde Savings & Credit Co-operative Society Ltd

Centenary House, 3rd Floor Off Ring Road Westlands,
P.O.Box 10690 - 00100 -Nairobi, Kenya
Office Cell: 0700 552 588 / 0725 800328
info@concordesacco.com
www.concordesacco.com

TO BE COMPLETED BY MEMBERS ON CHECK-OFF

To the Accountant(Name of employer)
(address) of P.O.Box

AUTHORITY TO MAKE DEDUCTIONS FROM SALARY

IPay roll no.....

Do hereby authorize and request you to deduct from my monthly salary

The sum of shillings (in words)

Or ksh..... With effect from date.....

And to remit the same amount to concorde sacco until further notice.

Signature Date.....

For official use only

Membership number

Date of reception of instruction

Name of receiving officer

Position in society

Signature of receiving officer.....