



BUSINESS DETAILS				
Name of Entity				
		Church Partnership Company Co-operatives		
		Registration Number:		
		KRA Pin.:		
		Nivar		
PHYSICAL ADDRESS				
Registered office:				
Postal Address:		Postal Code:	Town:	
ontact Person Mr./Mrs./Ms:		Mobile Number:		
Nature of business:				
NAMES OF DIRECTORS	AND PARTNERS OFF	ICERS/OFFICIALS		
		10.00	VD 4 D:	8 - 12 - 11 - 11
		ID/Passport Number	KRA Pin.	Position Held
Name				
1				
1 2 3 4		ne space provided)		
1 2 3 4 Attach a separate sheet if the n	umber of officers exceeds th		2rd Cinnaton.	Ath Cirp story
1 2 3 4 Attach a separate sheet if the n AUTHORIZED SIGNATO Details	umber of officers exceeds th	e space provided) 2nd Signatory	3rd Signatory	4th Signatory
1 2 3 4 4 Attach a separate sheet if the natural AUTHORIZED SIGNATO Details Name*	umber of officers exceeds th		3rd Signatory	4th Signatory
1 2 3 4 Attach a separate sheet if the n AUTHORIZED SIGNATO Details	umber of officers exceeds th		3rd Signatory	4th Signatory
1 2 3 4 4 Attach a separate sheet if the natural AUTHORIZED SIGNATO Details Name* Position held	umber of officers exceeds th		3rd Signatory	4th Signatory
1 2 3 4 4 Attach a separate sheet if the natural Natur	umber of officers exceeds th		3rd Signatory	4th Signatory
1 2 3 4 4 Attach a separate sheet if the national state of Birth* Nationality*	umber of officers exceeds th		3rd Signatory	4th Signatory
1 2 3 4 4 Attach a separate sheet if the natural Natural Natural Natural Natural Nationality* Identification number	umber of officers exceeds th		3rd Signatory	4th Signatory
1 2 3 4 4 Attach a separate sheet if the natural AUTHORIZED SIGNATO Details Name* Position held Date of Birth* Nationality* Identification number P.O Box/Code Mobile Phone* E-mail	umber of officers exceeds th		3rd Signatory	4th Signatory
1 2 3 4 4 Attach a separate sheet if the natural Authorized Signato Details Name* Position held Date of Birth* Nationality* Identification number P.O Box/Code Mobile Phone* E-mail Residence	umber of officers exceeds th		3rd Signatory	4th Signatory
1 2 3 4 4 Autrach a separate sheet if the natural Authorized Signato Details Name* Position held Date of Birth* Nationality* Identification number P.O Box/Code Mobile Phone* E-mail	umber of officers exceeds th		3rd Signatory	4th Signatory





DECLARATION

Indemnity: We understand that this account shall be operated solely at the discretion of Amica Savings & Credit and hereby agree to indemnify Amica Savings & Credit against any loss or claim out of the account being closed by Amica Savings & Credit without notice due to unsatisfactory performance. The account shall be opened and operated subject to any discretion that may be issued to Amica Savings & Credit by its statutory regulators from time to time. The declarations given in this form by us are true and we shall be responsible for the same at all time.

NAME	SIGNATURE	ID NUMBER	DATE

(To be signed by signatories)

FOR OFFICIAL USE ONLY		
Account number allocated:	Branch:	
Information verified by:	Signature;	Date _D _D / M _M / _Y _Y _Y _Y
Confirmed by:		
Branch Manager - Signature & Stamp		
Attach the following documents where applicable		
Company/Partnership		
Audited statements of accounts if limited b	y shares Form CR12	
Memorandum and Articles of association	Board resolution	authorizing application
Copies of identification cards of authorized	signatories. KRA Pin	
A certified copy of registration certificates		
GENERAL TERMS AND CONDITIONS		
The relationship between Amica Savings & Credit a made from time to time thereto and notified to the	and customer (member) shall be governed e customers ("the general terms and condi	by the following terms and conditions including any amendments tions"), subject to any further agreement in writing.
Legal capacity and enquiry Amica Savings & Credit shall be entitled to make a Savings & Credit to make any such enquiries	any enquiries it deems necessary in relation	n to account opening and the customer hereby authorizes Amica
The customer shall provide Amica Savings & Cred	atories and their legal capacity to open and	s as Amica Savings & Credit may require in terms of establishing doperate the account or as may be required pursuant to any anti-
Authorized Signatories	Titl at bank of Keriya of any other regulator	y body whether in Kenya or eisewhere
The member shall, at the time of opening the acco	ount and at all times thereafter, give Amica (the "Authorized signatory/signatories") tog	Savings & Credit in an acceptable form, the specimen signatures gether with the names, addresses and such other information as
	greed, are entitled to withdraw all or any of	the money, securities, deeds, documents or other properties held
by Amica Savings & Credit from time to time (prov in the name of the customer and or to overdraw a		ırity held by Amica Savings & Credit), to open any further account
Operations This being a transactional account shall not be co	nsidered for any interest whatspeyer. How	ever, members or customers have the option of transferring idle
money through free standing instructions to eithe		
without limitations the charges leviable in respect modification. These amendments /alterations sha	t to its services. Such charges shall be effe Il be notified to the account holder/deposit	ement any of these conditions whether in whole or part including active from the date specified by Amica Savings & credit for such or or displayed at Amica Savings & Credit premises/website from serves the right at any time and without notice to impose charges
I/we have read the terms and conditions governing	the operation of the Amican Corporate Acc	count with Amica Savings & Credit and agree to be bound by them.
Sign	Date _D _D / M _M / _Y _Y _Y _Y	
Sign	Date D D/M M/Y Y Y Y	
Sign	Date D D/M M/Y Y Y Y	
5:	B-t- D DIN NI V V V V	