Mwalimu National

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## **SUB ACCOUNT APPLICATION FORM**

I hereby on execution of this form as the applicant explicitly and unambiguously consents to the collection, use and transfer, in electronic or other form, of my personal data as described in this document by the Sacco for the purposes of assessing and opening a sub-account and it's future analysis whether in electronic or other form

I (Full Name)			, ID NO.:	
FOSA Account Number: Sign		Signature:_		
Do hereby authorize you to open the following sub account to enhance my saving:				
1.	SAYE Account	2.	School Fees Account	
3.	Holiday Account	4.	Junior Account	
5.	Biashara Account	6.	Group/Joint Account	
I also authorize you t account with effect fo	o deduct KShsrom the month ofday of the month until - I instruct oth	from my	r FOSA account above and credit in the sub	
FOR OFFICIAL USE ONLY				
Account created by:	Name:		Signature	
Approved by:	Name:		Signature	
S/Order created by	Name:		Signature	
Approved by:	Name:		Signature	
Date:				