

AMICAN GROUP ACCOUNT

GROUP DETAILS

Account Name: _____

Type of Organization (Tick appropriately): Investment Club Self-Help Group Welfare Association

Others (Please specify): _____

Nature of business: _____ Registration Number: _____

Date established/incorporated / / KRA Pin.: _____

Area of Operation: _____ Regular Place of Meeting: _____

Frequency of Meetings: _____

PHYSICAL ADDRESS

Registered office: _____ Postal Address: _____ Postal Code: _____

Town _____ Contact Person Mr./Mrs./Ms _____

Mobile Number _____

NAMES OF OFFICIALS

	Name	ID/Passport Number	KRA Pin.	Position Held
1				
2				
3				
4				

(Attach a separate sheet if the number of officials exceeds the space provided)

AUTHORIZED SIGNATORIES

Details	1st Signatory	2nd Signatory	3rd Signatory	4th Signatory
Name*				
Position held				
Date of Birth*				
Nationality*				
Identification number				
P.O Box/Code				
Mobile Phone*				
E-mail				
Residence				
Occupation				
Signature				

All fields marked (*) are mandatory.
 (Attach a separate sheet if the number of officers exceeds the space provided)

Signing Instructions _____

AMICAN CORPORATE

BUSINESS DETAILS

Name of Entity _____

Type of Organization (Tick appropriately): School Church Partnership Company Co-operatives

Others (Please specify): _____ Registration Number: _____

Date established/incorporated: _____ KRA Pin.: _____

PHYSICAL ADDRESS

Registered office: _____

Postal Address: _____ Postal Code: _____ Town: _____

Contact Person Mr./Mrs./Ms: _____ Mobile Number: _____

Nature of business: _____

NAMES OF DIRECTORS AND PARTNERS OFFICERS/OFFICIALS

	Name	ID/Passport Number	KRA Pin.	Position Held
1				
2				
3				
4				

(Attach a separate sheet if the number of officers exceeds the space provided)

AUTHORIZED SIGNATORIES

Details	1st Signatory	2nd Signatory	3rd Signatory	4th Signatory
Name*				
Position held				
Date of Birth*				
Nationality*				
Identification number				
P.O Box/Code				
Mobile Phone*				
E-mail				
Residence				
Occupation				
Signature				

(Attach a separate sheet if the number of officers exceeds the space provided)

Signing Instructions



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 / /

Confirmed by: _____

Branch Manager - Signature & Stamp _____

Attach the following documents where applicable

Company/Partnership

- Audited statements of accounts if limited by shares
- Memorandum and Articles of association
- Copies of identification cards of authorized signatories.
- A certified copy of registration certificates
- Form CR12
- Board resolution authorizing application
- KRA Pin

GENERAL TERMS AND CONDITIONS

The relationship between Amica Savings & Credit and customer (member) shall be governed by the following terms and conditions including any amendments made from time to time thereto and notified to the customers ("the general terms and conditions"), subject to any further agreement in writing.

Legal capacity and enquiry

Amica Savings & Credit shall be entitled to make any enquiries it deems necessary in relation to account opening and the customer hereby authorizes Amica Savings & Credit to make any such enquiries. The customer shall provide Amica Savings & Credit with all such information and documents as Amica Savings & Credit may require in terms of establishing the identity of the customer or the authorized signatories and their legal capacity to open and operate the account or as may be required pursuant to any anti-money laundering rules and regulations by the Central Bank of Kenya or any other regulatory body whether in Kenya or elsewhere.

Authorized Signatories

The member shall, at the time of opening the account and at all times thereafter, give Amica Savings & Credit in an acceptable form, the specimen signatures of all persons authorized to operate the account (the "Authorized signatory/signatories") together with the names, addresses and such other information as Amica Savings & Credit may require pertaining to the authorized signatories. All such authorized signatories, unless otherwise agreed, 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 (provided that they do not form part of any security held by Amica Savings & Credit), to open any further account in the name of the customer and or to overdraw any of the customer's accounts.

Operations

This being a transactional account shall not be considered for any interest whatsoever. However, members or customers have the option of transferring idle money through free standing instructions to either savings (Mustard) or investment (Investa) account to earn interest.

Amica Savings & credit may from time to time and at anytime revise, amend delete or supplement any of these conditions whether in whole or part including without limitations the charges leviable in respect to its services. Such charges shall be effective from the date specified by Amica Savings & credit for such modification. These amendments /alterations shall be notified to the account holder/depositor or displayed at Amica Savings & Credit premises/website from time to time and, shall be binding on the account holder/depositor. Amica Savings & credit reserves the right at any time and without notice to impose charges for the use of it.

I/we have read the terms and conditions governing the operation of the Amican Corporate Account with Amica Savings & Credit and agree to be bound by them.

Sign _____ Date / /

Sign _____ Date / /

Sign _____ Date / /

Sign _____ Date / /