Dimkes DT Sacco

Your faithful financial partner!

DIOCESE OF MT. KENYA SOUTH

HQ Serial No.OI/ .....

Bishop Magua House, Fifth Floor
Kiambu(next to ACK St. James Cathedral)
P.O Box 886-00900 Kiambu
Mobile: 0111 033100 / 0719 212730
info@dimkessacco.co.ke

SAVINGS ACCOUNT APPLICATION FORM

ACCOUNT TYPES

☐ Golden Savings Account ☐ Smart Savers Account ☐ Biashara Account

PERSONAL DETAILS

Name of Applicant ---------- Member No ----------

ID No ---------- Passport No ---------- KRA PIN ----------

Mobile No ---------- Email Address ----------

Address ---------- Code ----------

OCCUPATION

Employed: Employers Name ---------- Contract ☐ Permanent ☐

If on Contract, Term of the contract ---------- (--------) years

Office Location ----------

Self Employed: Nature of Business ---------- (Specify e.g. Farmer, Contractor)

Business Location ----------

FOR GOLDEN ACCOUNT Please specify tenure

☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ Other (Specify) ----------

INCOME RANGE

☐ Up to Ksh.50,000 ☐ Ksh.50,001- 100000 ☐ Ksh.101,000-500,000 ☐ Above Ksh.500,000

How did you learn about our Savings Account"?

☐ Media ☐ Existing Member ☐ Staff ☐ Others ----------

DISCLOSURE OF ACCOUNT INFORMATION TO THIRD PARTIES

The Sacco will keep all your personal data confidential. However, in order to serve your needs and provide you with the services you require, we may share any information you provide to us with our subsidiary company, agents and service provider. By executing this form, you explicitly and voluntarily agree that you have prior informed consent for the sharing of your data with these entities. We will ensure that if we share such information with third parties, any such disclosure is at all times in compliance with our Data Protection Policy and the law.

I/We hereby authorize the Sacco to use My/Our contact details to send information about products and services including but not limited to offers and promotions which may be of interest to me/us. The Sacco may do this by phone, post, email, text or through other digital media.

I/We confirm having understood that my/our personal information provided in this application form shall be processed in accordance with the provision of the Data Protection Act, 2019 or all other applicable laws as may be amended from time to time.

Name ---------- Signature ---------- Date ----------

Name ---------- Signature ---------- Date ----------

Name ---------- Signature ---------- Date ----------

FOR OFFICIAL USE ONLY

Verified by ---------- Signature ---------- Date ----------

Input by ---------- Signature ---------- Date ----------

Approved by ---------- Signature ---------- Date ----------