



BANKERS CHEQUE APPLICATION FORM

EGERTON UNIVERSITY SACCO SOCIETY LIMITED

P.O. BOX 178. EGERTON. MOBILE: 0722144734/0733999002 TEL/FAX 051-2217809 email: info@egertonuniversitiesacco.coop
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PART 1: PERSONAL DETAILS							
Salutation	Prof. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Rev. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Others..... <input type="checkbox"/>
First Name(as Indicated in your ID)		Middle Name		Last Name			
ID No./Passport No.	Work Station/Business Location		Payroll No.				
FOSA Account No.	Mobile No.		Home/Permanent address				

Kindly issue me/us with a bankers cheque for Kshs.....Amount in words.....
.....in the name of/Beneficiary.....

PART 2: MODE OF PAYMENT (tick one as applicable)	
a) Debit My/Our Account <input type="checkbox"/>	b) Cash Payment <input type="checkbox"/>

PART 3 : NOTE	
Bankers cheques are issued at a fee of KSH 100	
Applicant's Signature Collected By:Signature.....	Date..... Date:.....

PART 4: FOR OFFICIAL USE ONLY	
Authorized By:	Signature:.....Date.....
Prepared By:	Signature.....Date.....
Bankers Cheque No.	Amount.....