



**IG SACCO (INVEST AND GROW ) SACCO SOCIETY LTD**  
**IG SACCO PLAZA, KHALISIA ROAD 3**  
**P. O. BOX 1150, 50100 KAKAMEGA– KENYA**  
**TEL/NO. 056 – 30864, Mobile 0726340851 OR 0736333334,**  
**Email: info@igsaccoltd.co.ke, Website:www.igsaccoltd.co.ke**

### **CONTROL LEDGER ACCOUNT OPENING FORM**

We the undersigned institution apply for payment of our staff salaries and check - off remittances through IG Sacco Ltd.

#### **A. INSTITUTION (AS PER REGISTRATION CERTIFICATE):-**

1. NAME: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_
3. LANDLINE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_
4. COUNTY: \_\_\_\_\_ SUB COUNTY: \_\_\_\_\_

#### **B. CONTACT PERSON:-**

1. NAME: \_\_\_\_\_
2. DESIGNATION: \_\_\_\_\_
3. EMAIL ADDRESS: \_\_\_\_\_
4. CELLPHONE NO: \_\_\_\_\_
5. SIGNATURE AND RUBBER STAMP \_\_\_\_\_ DATE: \_\_\_\_\_

#### **C. FOR OFFICIAL USE:-.**

1. RECEIPT & FORM VERIFICATION (MARKETING DEPARTMENT):  
NAME: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_
2. FEEDING IN THE SYSTEM (ACCOUNTANT):  
NAME: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_
3. AUTHORISATION / ACTIVATION (FINANCE MANAGER):  
NAME: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE:- Attach certified copies of the following documents:**

- Registration certificate
- KRA Pin
- Introduction letter with list of staff
- Fill in triplicate