



APPLICATION/RENEWAL FOR FIXED DEPOSIT ACCOUNT (Attach copy of ID)

A. APPLICANT'S INFORMATION

1. Name of Applicant (asID/Passport) _____
ID/Passport No. _____ Member No _____
2. Deposit Amount in KSH _____ (Amount in words)

3. Required Period _____ months with Effect from (dd/mm/yy) _____
4. Source of funds: _____

Terms:

- Minimum amount – KSh 50,000.
- Fixing periods (in months) – 3, 6, 9, 12.
- Interest calculated at the end of each fixed period.
- Upon period maturity, interest can be withdrawn or rolled over with principal for a new fixed period.
- Interest is forfeited if a depositor withdraws the funds before date of maturity.
- Interest rate: **8% p.a**

B. PREFERRED MODE OF CONTRIBUTION (TICK BOX) (Attach proof of payment to the application)

Bank deposit Bank transfer Mpesa Paybill

I hereby confirm that all the details provided above to support my application for the Fixed Deposit account are true to the best of my knowledge and agree to abide by the terms and conditions of this product.

By filling and signing this form, you authorize the Sacco to process and store your personal data for the purpose of opening a fixed deposit account.

Name _____ Signature _____ Date _____

Witnessed by:

Tel _____ Signature _____ Date _____

C. FOR OFFICAL USE ONLY

Fixed Deposits Account Approved/deferred/rejected on (dd/mm/yy) _____

Effective Date _____ Maturity Date _____

Received by: Name _____ Signature _____ Date _____

Authorized by: Name _____ Signature _____ Date _____