

FIXED DEPOSIT SAVINGS FORM

APPLICANT'S NAME..... (Member's Name)

STAFF NO..... MEMBER NUMBER

EMPLOYER ID NUMBER

DEPOSIT AMOUNT (Kshs.)

DEPOSIT AMOUNT (Kshs) In words.....

PERIOD REQUIREDMONTHS/DAYS INTEREST RATE.....

SIGNED BY MEMBER(S)

MEMBER 1.....

MEMBER 2.....

MEMBER 3.....

Official use

Amount to Fix.....

Effective Date..... Maturity Date.....

Interest Rate.....

Interest rate above approved Rate

Period.....

Authorizing Officer Date