



NEW MILIMANI SACCO

0719 779 306

TOGETHER WE CONQUER

Email: info@newmilimanisacco.com, www.newmilimanisacco.com

FIXED DEPOSIT ACCOUNT/JUMBO/SCHOOL FEES ACCOUNT APPLICATION FORM

APPLICANT'S DETAILS

Applicant's Name.....Member No.....

ID No..... Mobile No.....Address.....Signature.....

I confirm that I already have a Savings Account in the Sacco and I would like to further open a:

Fixed Deposit Account Jumbo Account School fees Account

To be effective from.....day of.....2020 which will enable me to Save and withdraw as follows: -

Withdrawal after One Month(1 Month) Withdrawal after Three Months (3 Months) Withdrawal after Six Months (6 Months)
 Withdrawal after Nine (9 Month) Withdrawal after 1 year

Note: Fixed deposits held for **One Full Year** will accrue Interest at a Rate of 7%. It is a Mandatory requirement to give 60 working days' notice to transfer funds from Savings Account or Special Deposit to Fixed Deposit Account. No notice is required to transfer the Fixed Deposits to Special Deposit/Savings Account. Withdrawal before maturity date will attract 10% penalty.

GROUP /CHURCH ACCOUNTS MEMBERS' DETAILS

Name of the Group/Church.....Member No.....

CHAIRPERSON DETAILS

NAME.....ID NO.....

Mobile No..... Signature.....

SECRETARY'S DETAILS

NAME.....ID NO.....

Mobile No.....Signature.....

TREASURER'S DETAILS

NAME.....ID NO.....

Mobile No.....Signature.....

(No applications for Fixed Deposit Account for Groups shall be accepted without Minutes/Resolution for fixing/withdrawal of Fixed Accounts)

OFFICIAL USE ONLY:

FIELD OFFICER DETAILS:

Name.....Staff No.....Signature.....

Prepared by: Name:.....Designation:.....Signature.....Date: __/__/20__

Checked by: Name:.....Designation:.....Signature:.....Date __/__/20__

Authorized by: Name:.....Designation:.....Signature:.....Date __/__/20__

Confirmed by: Name.....Designation.....Signature.....Date __/__/20__

Approved by: Name.....Designation.....Signature.....Date __/__/20__

(TERMS AND CONDITIONS APPLY)