



UN DT SACCO
Your Financial Anchor

FIXED DEPOSIT ACCOUNT FORM

Name: _____ Member Number: _____

Agency: _____ ID/Passport Number: _____

Telephone: _____ Email: _____

Please open a Fixed Deposit Account in my name under the following terms (Minimum KES 50,000).

Amount to be fixed KES.(Figures) _____ In Words _____

Period to be fixed: _____ Months (Minimum 3 months maximum 12 months).

Please debit my FOSA Junior account with the above amounts.

ON MATURITY (choose one)

| | |
|---|--|
| Credit the principal plus interest to my Savings Account | |
| Renew the fixed deposit with the principle plus accrued Interest under prevailing terms at time of renewal | |
| Credit my savings account with the interest and renew the principle under the prevailing terms at time of renewal | |
| Any other instructions | |

Name: _____ Sign: _____ Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

OFFICIAL USE

Data Input by: _____ Sign: _____ Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Approved by: _____ Sign: _____ Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Interest Rate: _____ %p.a.