



UAMINIFU CO-OPERATIVE SAVINGS & CREDIT SOCIETY LIMITED
P.O BOX 13293-00200 NAIROBI
TEL:2712823/29/61

FIXED DEPOSIT APPLICATION FORM

0099

Member Name: _____

Mobile No: _____

Member Address _____

Staff No: _____ SACCO No: _____ WorkStation: _____

Position in Employment: _____

Position in Society: Member /Committee Member/Employee/Others _____

I hereby deposit Kshs. _____ (Amount in Figures) in a Fixed

Deposit account with Uaminifu SACCO for a period of _____ Months.

Terms and Conditions:

1. The SACCO and the depositor will renegotiate the rates if the depositor opts to extend this contract.
2. The depositor can only earn up to 50% of the interest due if he/she withdrawals before the maturity of this contract.
3. Incase of premature withdrawal the depositor must give a (7) days notice in writing and withdrawal-charges of Kshs 50 will be applicable.
4. There will be no monthly ledger fees.
5. On maturity no withdrawal charges will be applicable.
6. This account is not transferable before maturity.
7. On maturity, the depositor can renegotiate extension of the contract in multiples of 3 months.
8. Minimum amount is Kshs.20,000 and in multiples of Kshs.10,000
9. Minimum initial investment period is 6 months and maximum 12 months
10. The interest rate is reviewable quarterly without any reference being made to the depositor
11. Withholding Tax Applicable

(I have read and understand the above terms and conditions)

Signature: _____

Date: _____

For Official Use:

1. Amount received: _____

2. Interest applicable: _____

3. Investment period starting: _____ ending: _____

4. Amount of interest due on maturity:

Gross _____

Withholding tax: _____

Net _____

5. Officer's name: _____ Signature _____ Date _____