



UAMINIFU SACCO

Pillar to prosperity

UAMINIFU CO-OPERATIVE SAVINGS & CREDIT SOCIETY LIMITED

P.O BOX 4179-00506 NYAYO STADIUM NAIROBI

MOBILE NO.0705000919/0729 920 920

PREMIUM SAVINGS APPLICATION/WITHDRAWAL FORM

Member Name : _____

Mobile no: _____

Member Address: _____

Staff No: _____

Position in Employment: _____

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

NOTE: PLEASE FILL EITHER SECTION A,B OR C

SECTION A

To The Payroll Section,

Please Deduct me Kshs _____ every month with effect from _____ being my Premium Savings until further notice.

SECTION B:

I hereby deposit a lump sum of Kshs _____ being premium savings

SECTION C

I hereby give a 7 day notice to withdraw Kshs _____ (amount in figures) from my premium savings (please note that 7 days takes effect from date of receipt by SACCO)

Signature _____

For Official Use:

1. Amount received: _____
2. Interest rate applicable: _____
3. Officers Name: _____ Signature: _____ Date _____
4. Verified By: _____ Signature: _____ Date _____

This form should be submitted by scanning to: uaminifu@kwftbank.com