



Pillar to Prosperity

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EDUCATION SAVINGS PLAN APPLICATION FORM

I.....[Full Names in Blocks letters]

Hereby undertake to be saving Kshs.[per month]. In target to accumulate school fees of Kshs.....

I will be making monthly contribution of Kshs..... for a period of..... [Months]
Starting from [DATE]..... to20.....

Mode of Deposit [Tick Appropriately]

- a. Check off Amount [KSHS].....Effective Date.....
- b. Gratuity/Gratuity Loan Amount [KSHS].....Date.....
- c. Cash Amount [KSHS].....Effective Date.....
- d. Monthly standing order Amount [KSHS].....Effective Date.....

I Authorize Kenya Women Microfinance bank-Upper Hill branch to Debit my account:
Account[Name].....Account Number.....
Credit: **Uaminifu SACCO LTD** Account Number **1001936323**
[To be filled in case of standing order]

Applicant Personal Details

Staff Number.....Member Number.....

Home Postal Address.....Personal email address.....

Signature.....Date.....

FOR OFFICIAL USE

The share application has been received and effected from [Month].....

Signature.....Date.....

Terms and conditions

- Minimum Savings: 1000.00
- Withdrawal limits: once annually [December to February]
- Return: Interest of 5%
- Term of Savings: Dependent on member's target [but minimum of 1 year]