



P. O. BOX 44071, 00100, NAIROBI TEL. +254 020 2785000
Email: info@ukulimasacco.coop Website: www.ukulimasacco.coop

FIXED DEPOSIT APPLICATION FORM

REF NO. UCSCS/F/FOSA/011

Date _____

Account Name.....

ID/No..... KRA PIN Number

P/No.....Employer.....

Postal Address.....

Telephone No.....

Email address.....

Amount in figures Kshs.....

Amount in words.....

Duration.....

I do agree to forfeit interest earned if I breach the contract and demand the money before maturity date.

Applied by: Name.....signature.....

FOR OFFICIAL USE:

Account No allocated.....

Rate of interest per annum.....

Value date.....

Maturity date.....

OPENED BY:

Name _____ Signature _____

AUTHORISED BY:

Name _____ ID NO. _____ SIGN _____

Name _____ ID NO. _____ SIGN _____

Name _____ ID NO. _____ SIGN _____