JCSCS.F9

JOGOO DT SACCO SOCIETY LIMITED

FIXED DEPOSIT ACCOUNT APPLICATION FORM

Name:.....Member Number: .....

Agency.....ID/Passport Number:.....

Telephone.....Email.....

Please open a Fixed Deposit Account in my name under the following terms.

Amount to be fixed Kshs.....In Words.....

Period to be fixed:

	3 MONTHS		6 MONTHS		12 MONTHS

Please debit my 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	
Credit my savings account with the interest and renew the principle under the prevailing terms	
Any other instructions.....	

Name:.....Sign:..... D D M M Y Y Y Y

FOR OFFICIAL USE ONLY

Data Captured by:.....Sign: .....Date.....

Approved by: .....Sign: .....Date.....

Interest Rate: .....%p.a.

0709 027 600/ 0721 694 851 Calls only / 0711 454 535 SMS & WhatsApp Only
Email us: info@jogoosacco.coop