JCSCS F6

JOGOO DT SACCO SOCIETY LIMITED

HOLIDAY SAVINGS APPLICATION FORM

FULL NAMES.....**(block letters)**

PFNo.....ID/No.....DOB.....

Member No..... Email.....

MINISTRY/DEPARTMENT..... Designation.....

PRESENTADDRESS.....CODE.....MOBILE NO.....

NEXTKIN.....RELATIONSHIP.....

NOKADDRESS.....MOBILE.NO..... IDNO.....

SIGNATURE..... DATE.....

AUTHORITY TO MAKE DEDUCTIONS FROM SALARY

I.....hereby authorize you to deduct Ksh (in word)

.....as HSS contribution from my salary and pay to Jogoo DT Sacco Society Limited with effect from the month .....20 .....until Further notice.

FOR OFFICIAL USE ONLY

The deductions done will reflect in the pays lip in month of.....

Action taken by.....Sign..... Date.....

TERMS

1. A minimum contribution of Kshs.**1000**/= p.m.
2. The minimum book balance shall be Kshs.**1000**/= (can only be withdrawn when closing the account).
3. An interest of 8% will be paid after every 12 months. Only savings that have been in the account for twelve (12) months will earn interest.
4. No withdrawal will be allowed before the saver contributes for a minimum period of six (6) months and thereafter at will.

Pamoja Twaweza!

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