



**ASILI SACCO SOCIETY LIMITED**

**P.O BOX 49064 – 00100 NAIROBI**

**Email: info@asilisacco.coop**

**Website: www.asilisacco.com**

**Tel 0202630244/0202699305/0722472823/0733472823**

**APPLICATION FORM FOR FIXED DEPOSIT ACCOUNT**

Name of the applicant.....ID NO .....

EST No/BM NO.....Mobile No.....

Employer: (If applicable) .....

Deposits Amount in KSHS.....

In words.....

Required period..... Interest rate.....

First time ..... Renewable .....

Period.....

Source of funds.....

(I HEREBY AGREE THE ABOVE INFORMATION IS CORRECT)

Signature .....

DATE.....

**FOR OFFICIAL USE ONLY**

Effective date..... maturity date.....

Interest rate approved .....period .....

Account opened by: Name..... signature..... Date.....

Account verified by: ..... signature.....Date.....

Approved by: .....signature..... Date.....

**REQUIREMENTS**

- Attach the KRA Pin certificate.
- Attach ID photocopy and two passports
- Complete next of kin forms (if not a member of the society)

