



ASILI SACCO SOCIETY LTD

Asili Coop Centre, Lower Ngara Road. Opp. Arya Boys Secondary School.
P.O Box 49064-00100 Nairobi Mobile: 0722472823/ 0733472823/ 0730785500/ 0730785555
Email: asilisacco@yahoo.com / info@asilisacco.coop Website: www.asilisacco.coop
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APPLICATION FORM FOR FIXED DEPOSIT ACCOUNT

Name of the applicant.....ID NO

EST No/BM NO.....Mobile No.....KRA Pin.....

Employer: (If applicable)

Deposits Amount in KSHS.....

In words.....

Required period.....

First timeRenewablePeriod.....

Source of funds.....

I hereby declare that all the information provided is true. I agree to abide by the Society's By-laws, any other rules and regulations applicable. I am further willing to provide my personal information and consent to its use as prescribed in the Asili Sacco Data Protection Policy (The policy is available on our website: www.asilisacco.coop and in our offices).

Name.....Signature.....Date.....

FOR OFFICIAL USE ONLY

Effective date..... Maturity date..... Interest rate approvedperiod.....

Account opened by: 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)