



APPLICATION FOR FOSA JUNIOR SAVINGS ACCOUNT

APPLICATION REQUIREMENTS

1. Photocopy of the child Birth Certificate/Notification
2. ID Passport Copy of the Applicant

1. APPLICANTS PARTICULARS

FULL NAME (Mr, M/s, Mrs, Miss) _____
PF. NO _____ ID. NO _____
EMPLOYER _____ DEPARTMENT _____ DATE OF BIRTH _____
STATION _____ COUNTY _____
PRESENT ADDRESS _____ EMAIL ADDRESS _____
HOME ADDRESS _____ MOBILE NO. _____
NAME OF CHILD _____ RELATIONSHIP OF THE CHILD _____
BIRTH CERTIFICATE/NOTIFICATION NO (Please attach copy) _____
DATE OF BIRTH _____ GENDER _____

2. SASA DETAILS

A/C NO _____
I _____ hereby authorize you to deduct
Kshs _____ from my SASA Account every month with effect from
_____ for a duration of _____ year(s).
Date _____ Signature of applicant _____

3. FOR OFFICIAL USE ONLY

Account No _____ Standing Order No _____ Approved by _____

TERMS

- Attracts 4% interest per annum
- Member is allowed to withdraw 3 times in a year
- Minimum monthly contribution of kshs. 250
- Minimum operating balance of Kshs. 1,500