

LIKIZO/JAZAJAZA SAVING ACCOUNT APPLICATION FORM

1. APPLICANTS PARTICULARS

FIRST NAME* _____ MIDDLE NAME* _____ LAST NAME* _____

ID/PASSPORT NUMBER* _____ DATE OF BIRTH (DD/MM/YY) * : _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 _____ / _____ / _____

MOBILE NUMBER*: _____ Email: _____

COUNTY: _____ P. O Box: _____ Code: _____

2. AUTHORITY TO MAKE DEDUCTIONS FROM MY FOSA/SASA ACCOUNT

I _____ hereby authorize you to deduct Kshs. _____ from my FOSA Savings account every month with effect from _____ / _____ / _____ for a duration of _____ year(s).

Date _____ / _____ / _____ Signature of applicant _____

Account No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Standing Order No. _____

Approved by
Name: _____ Sign: _____ Date: _____ / _____ / _____

TERMS AND CONDITIONS

- 1. Minimum period for contribution is one year.
- 2. Minimum amount of contribution is Ksh. 1,000/ month.
- 3. Minimum Operating balance of Ksh. 1,000/