



## 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 6% 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