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FIXED DEPOSIT APPLICATION FORM

REF NO. UCSCS/F/FOSA/011

TYPE OF DEPOSIT: **ORDINARY** **FLEX**

Date _____

Name.....

ID/No..... KRA PIN Number

P/No.....Employer.....

Postal Address.....Telephone No.....

Email address.....

Amount to be fixed figures Kshs.....

Amount in words.....

Duration.....

Transfer from Savings Account

Source of Funds Signature

FOR OFFICIAL USE:

Account No allocated.....

Rate of interest per annum.....

Maturity date.....

CUSTOMER CARE OFFICER	BRANCH MANAGER	OPERATIONS OFFICER
Confirm Account Name:	Confirm source of funds:	Account Details:
Photo:	Account Details:	Amount Fixed (Kshs):
Signature:	Amount Available (Kshs):	
Amount Available (Kshs)	REMARKS:	Effective Date:
RECEIVED BY:	APROVED BY:	OPENED BY:
SIGN:	SIGN:	SIGN:
DATE:	DATE:	DATE: