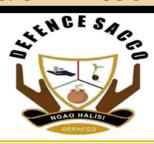
DEFENCE SAVINGS & CREDIT COOPERATIVE SOCIETY

ULINZI HOUSE, LENANA ROAD. P.O. BOX 40668-00100, NAIROBI, KENYA TEL: 0793281989

EMAIL: contactus@defencesacco.com



AKIBA SAVINGS ACCOUNT OPENING FORM

1. MEMBER DETAILS

NAME IN FULL (AS IT APPEARS ON THE II	O CARD):
SERVICE NUMBER:	NATIONAL ID NO.:
SERVICE/FMN/UNIT:	MOBILE NUMBER:
EMAIL ADRESS:	
P.O BOX:	
2. ACCOUNT DETAILS	
MONTHLY SAVINGS AMOUNT IN FIGURES	:
MONTHLY SAVINGS AMOUNT IN WORDS:	
MODE OF CONTRIBUTION: CHECK OFF	INTERNAL STANDING ORDER:
3. DECLARATION	
is true and complete Louthouse DECACCO	warrant that the information given above
application. I willingly grant Defence SAC information given in accordance with the so to be bound by the terms and conditions of	to make any enquiries necessary in connection to this CCO consent to verify, use, share and/or disclose the ociety's By-laws and the laws of Kenya. I accept and agree of use. I understand that my application can be declined ons to the extent permitted by laws of Kenya.
Signature:	Date:

4. TERMS AND CONDITIONS

- a. The following should be attached to the application:
 - i. Member's passport size photograph.
 - i. Copy of member's ID.
 - ii. Copy of latest payslip.

- b. Minimum contribution is kshs 1,000.00 per month.
- c. Interest is computed monthly and credited to the account quarterly.
- d. Mobile withdrawals only done to the member's DESACCO FOSA current account.

5. ACCOUNT OPENING CHECKLIST

COPY ID	APPLICATION DETAILS PROPERLY COMPLETED	
COPY OF PAYSLIP	SIGNED TERMS AND CONDITIONS	

6. FOR OFFICIAL USE ONLY:

Received by:Svc No:	_Rank:	_Name:	_Sign:	_Date:
Checked by:Svc No:	_Rank:	_Name:	_Sign:	_Date:
Approved by:Svc No:	_Rank:	_Name:	_Sign:	_Date: