

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 ID CARD):	
SERVICE NUMBER:	NATIONAL ID NO.:
SERVICE/FMN/UNIT:	MOBILE NUMBER:
EMAIL ADDRESS:	
P.O BOX:	

2. ACCOUNT DETAILS

MONTHLY SAVINGS AMOUNT IN FIGURES:	
MONTHLY SAVINGS AMOUNT IN WORDS:	
MODE OF CONTRIBUTION: CHECK OFF <input type="checkbox"/>	INTERNAL STANDING ORDER: <input type="checkbox"/>

3. DECLARATION

I _____ warrant that the information given above is true and complete. I authorize DESACCO to make any enquiries necessary in connection to this application. I willingly grant Defence SACCO consent to verify, use, share and/or disclose the information given in accordance with the society's By-laws and the laws of Kenya. I accept and agree to be bound by the terms and conditions of use. I understand that my application can be declined by the Defence SACCO without giving reasons 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 <input type="checkbox"/>	APPLICATION DETAILS PROPERLY COMPLETED <input type="checkbox"/>
COPY OF PAYSリップ <input type="checkbox"/>	SIGNED TERMS AND CONDITIONS <input type="checkbox"/>

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: _____