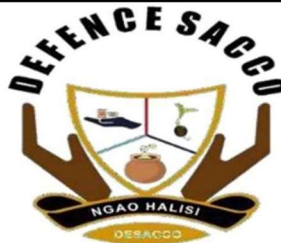


DEFENCE SAVINGS & CREDIT COOPERATIVE SOCIETY

ULINZI HOUSE, LENANA ROAD.
P.O. BOX 40668-00100,
NAIROBI, KENYA
TEL: 0793281989
EMAIL: contactus@defencesacco.com



JUNIOR SAVINGS ACCOUNT OPENING FORM

1. MEMBER DETAILS

NAME IN FULL (<i>as it appears on the ID card</i>):	
SERVICE NUMBER:	NATIONAL ID NO:
SERVICE/FMN/UNIT:	MOBILE NUMBER:
EMAIL ADDRESS:	
P.O BOX:	

2. CHILD'S DETAILS

FULL NAME:	RELATIONSHIP TO THE CHILD:
DATE OF BIRTH:	GENDER:

3. 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"/>

4. 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: _____

5. TERMS AND CONDITIONS

- A. The child must be below 18 years.
- B. The following should be attached to the application:
 - i. Member's passport size photograph.
 - ii. Child's passport size photograph.
 - iii. Copy of member's ID.
 - iv. Copy of child's birth certificate.
- C. The account earns interest if withdrawals are not done for 6 months.
- D. Interest is computed monthly and credited to the account at the end of the year.
- E. Additional contributions can be made via m-pesa paybill **907116**.
- F. Dividends paid to the account on request.
- G. Mobile and over the counter withdrawals can only be done thrice annually.
- H. Three free bankers' cheques paid to school annually.
- I. Mobile withdrawals only done to the member's DESACCO FOSA current account.
- J. ATM card can be issued on request.

6. FOR OFFICIAL USE ONLY

Received by: Svc No: _____ Rank: _____ Name: _____ Sign: _____ Date: _____

Member's passport size photograph	<input type="checkbox"/>	Child's passport size photograph	<input type="checkbox"/>
Copy of member's ID	<input type="checkbox"/>	Copy of child's birth certificate	<input type="checkbox"/>
Application details completed	<input type="checkbox"/>	Signed terms and conditions	<input type="checkbox"/>

Checked by: Svc No: _____ Rank: _____ Name: _____ Sign: _____ Date: _____

Approved by: Svc No: _____ Rank: _____ Name: _____ Sign: _____ Date: _____