



UN DT SACCO
Your Financial Anchor

FIXED DEPOSIT ACCOUNT FORM

Name: _____ Member Number: _____

Agency: _____ ID/Passport Number: _____

Telephone: _____ Email: _____

Please open a Fixed Deposit Account in my name under the following terms.

Amount to be fixed Kshs. _____ In Words _____

Period to be fixed: _____ Months.

Please debit my account with the above amounts.

ON MATURITY (choose one)

Credit the principal plus interest to my Savings Account	
Renew the fixed deposit with the principle plus accrued Interest under prevailing terms	
Credit my savings account with the interest and renew the principle under the prevailing terms	
Any other instructions	

Name: _____ Sign: _____ Date:

D	D	M	M	Y	Y	Y	Y
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OFFICIAL USE

Data Input by: _____ Sign: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Approved by: _____ Sign: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Interest Rate: _____ %p.a.