SETYON SACCO

P.O BOX 1314-20200 KERICHO

info@setyonsacco.co.ke Tel: 0723656494

MEMBER NO.

……

Savings Application Form

1. Personal Information

Full Name _____
ID no _____
Unit _____
Contact Number _____
Email Address _____
Address _____

2. Savings Plan Type

a. AKIBA SAVINGS

Contribution Amount ……..…….. From …….. To ……

Contribution Frequency Daily ( ) Weekly ( ) Fortnight ( ) Monthly ( )

b. GOLDENTIMES SAVINGS

Contribution Amount ……..…….. From …….. To ……

Contribution Frequency Daily ( ) Weekly ( ) Fortnight ( ) Monthly ( )

c. FESTIVE FUND SAVINGS

Contribution Amount ……..…….. From …….. To ……

Contribution Frequency Daily ( ) Weekly ( ) Fortnight ( ) Monthly ( )

d. LEGACY FUND SAVINGS

Contribution Amount ……..…….. From …….. To ……

Contribution Frequency Daily ( ) Weekly ( ) Fortnight ( ) Monthly ( )

e. WARIDI JUNIUR ACCOUNT

S/NO	CHILD'S NAME	BIRTH CETICATE NO	DATE OF BIRTH	AMOUNT
1				
2				
3				
4				
5				

Contribution Frequency Daily ( ) Weekly ( ) Fortnight ( ) Monthly ( )

f. FIXED DEPOSIT RECIEPT

Contribution Amount ……..……..for a period of …….months From …….. To ……

g. SOKO/ BUSINESS SAVINGS

Contribution Amount ……..…….. From …….. To ……

Contribution Frequency Daily ( ) Weekly ( ) Fortnight ( ) Monthly ( )

5. Declaration & Signature

I hereby declare that the information provided above is true and correct to the best of my knowledge.

Signature: _____
Date: _____