



IMARISHA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD.

FRONT OFFICE SERVICES ACTIVITY

APPLICATION TO OPEN A FOSA SENIOR CITIZEN ACCOUNT (FSCA)

I the undersigned hereby apply to open a **FOSA SENIOR CITIZEN ACCOUNT (FSCA)**.

Personal Details

Account Name:ID/ Passport No.
Membership No: Mobile No:E-mail Address
Workstation:
Address:Town: County:
Sub-county: Home Address:
FOSA Savings A/C No.Date of Retirement:.....

Declaration

I hereby authorize Imarisha Savings and Credit Co-operative Society to effect deduction of Kshs..... *(In words)*
(Minimum, 500/=) every month. I understand that the same minimum amount can vary from time to time. I also understand that the same amount deducted is not withdrawable until I have attained my retirement age. ***(Apart from placing a Standing Order, one can also deposit cash, place a Standing order from other banks, or pay via paybill No.982100)***

INDEMNITY CLAUSE

I understand that this account shall be operated solely at the discretion of the Sacco and hereby accept to indemnify the Sacco at my cost against any loss or claims arising out of the account being closed by the Sacco without notice due to unsatisfactory performance.

Signature: Date:

SPECIMEN SIGNATURE

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OFFICIAL USE.

FSCA A/C NO.

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Created By: Name: Signature: Date:

Authorized by: Name: Signature: Date: