UNIVISION SACCO
powering dreams

FRONT OFFICE SERVICE ACTIVITY (FOSA)
SMART FIX ACCOUNT OPENING FORM

Name: ……..……..…Salary account no:……..……..

(*-Name as per ID card in block letters)*

M/NO: ….…..... Payroll NO: ……..…….. ID/NO: ……..……...… Mobile No: ……...……..…...

Intial Deposit Amount ☐ Top up ☐

Amount (in figures) Kshs……(Amount In Words) …….

.....

Period…… (Months) Interest rate ……per annum

Sources of funds: Cash deposit ☐ Cash Transfer ☐

(Tick where appropriate)

New Application ☐ Renewal ☐ If renewal, Existing Account no…….....

(Tick where appropriate)

Refix after Maturity Yes ☐ Period……. (Months) No ☐ *(Tick where appropriate)*

Introduced by (Staff Name): …….. M/No…….. .....Department: …….....

DECLARATION

I/we confirm have read and understood the terms and conditions of the deposit set out overleaf and agree to abide by them. I/We hereby give express, free, specific and informed authority to UNIVISION DT Sacco Society Ltd to collect, use and process my data for the purpose of maintaining this account.

Applicant signature: ……Date: ……..……
Signed by member(s)

1)…….....2)……..…….3)…….

FOR OFFICIAL USE ONLY

Received By: …… .....Sign……..... Date……..
Account opened by: ……..…….....Sign…… Date…..……
Effective date: ……..... Maturity date……..……
Account no:…….....……..…....….

NOTES:

Minimum deposit Ksh.5,000

Top up is allowed

Interest 12% p.a on pro rata basis

Maturity 3, 6, 9 and 12 month