

**SHIRIKA DEPOSIT TAKING SACCO SOCIETY LTD**  
P.O. BOX 43429-00100 NAIROBI, TEL 0724610715, 0790536647

**FOSA FIXED DEPOSIT FORM**



**PLEASE COMPLETE DETAILS IN CAPITAL LETTERS**

Name of the Applicant \_\_\_\_\_

Member Number \_\_\_\_\_

Staff/TSC/PF Number \_\_\_\_\_

Employer/Self \_\_\_\_\_

Deposit Amount Kshs \_\_\_\_\_

Required period (Months) \_\_\_\_\_ Interest Rate \_\_\_\_\_ % \_\_\_\_\_

Source of Fund \_\_\_\_\_

Mode of Payment \_\_\_\_\_

Recruited by \_\_\_\_\_

**SIGNED BY MEMBER/S**

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

Effective Date \_\_\_\_\_ Maturity Date \_\_\_\_\_

Interest Rate approved by \_\_\_\_\_ Period \_\_\_\_\_

Authorized By \_\_\_\_\_ Date \_\_\_\_\_