

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) _____

FOR OFFICIAL USE ONLY

Effective Date _____ Maturity Date _____

Interest Rate approved by _____ Period _____

Authorized By _____ Date _____