Balozi Co-operative Savings and Credit Society Ltd.



Golf View Suites, 3rd Floor, Wambui road - Muthaiga off Kiambu/Thika road.

P.O. Box 11539 – 00400, Nairobi, Kenya.

Tel: 020-2211600 Cell: 0720-833326/0733-967707

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JUNIOR SAVINGS ACCOUNT OPENING FORM

PART A: Parent Details :	Member Nu	Member Number:	
First Name	Middle Name	Last Na	ame
ID/Passport No	Agency/Employer	Date of	Birth
Postal Address (P.O. Box)	Postal Code	Town	
Mobile Number	E-mail		
PART B: Child Details			
I acknowledge that I have receive	d consent from my child(ren) as indioperating a junior savings account.	icated below to sha	are their personal information
Name of Child/Children	Date of birth	Gender	Birth Certificate No.
1.			
2.			
3.			
4.			
5.			
6.			
PART C: Mode of Savings	s (Tick)		
Check off:			
Standing order:			
Cash/Mpesa			
I			
PART D: Relationship wit	th Child (Tick)		
		۸.	
ratent	Other (Specify))	
NB: Attach copy of Parent's Na	utional ID card & Copy of child's I	Birth Certificate	
Part E: Applicants/ Par	<u>ents</u>		
Signature	Date		
Part F: Official use			
Data captured by: Name	Signature		Date
Approved by: Name	Signature		Date

Part G: Terms and Conditions

- i. The Account opening fee is Ksh.1,000 non-refundable.
- ii. The minimum saving that will earn interest is Ksh. 5,000
- iii. The savings to earn interest at 5% per annum.
- iv. You can only make a withdrawal from your savings account once every 12 months.
- v. The minimum monthly contribution at any given time is Ksh. 200.
- vi. No interest earned if withdrawal is done before twelve months.

T & C acknowledgement			
I			
Junior savings Scheme and agr	ee to abide by the scheme's terms and amendments thereof: -		
Signature	Date		