



Ekeza Savings Product Form

Note: This is a fillable form. Submit duly completed and signed form to info@balozisacco.com or drop it at our office

(a) To be filled by the investor/member

I _____ M/No _____

Identity card number _____ hereby wish to save in Ekeza Savings

Product under the following terms and condition:

1. Amount being invested is Ksh _____
(In words) _____

2. Duration for investment _____ months (in words) _____
3. Effective date for investment _____ day, month of _____ year _____

Signed by investor _____ **Date** _____

For Official use only:

Interest rate applicable _____

Name of the officer _____

Signature of the Officer _____ **Date** _____

Terms and Conditions

1. This is a voluntary savings scheme
2. Members are allowed to take off part / full of their savings
3. The minimum amount you can get is Kes. 10,000
4. The minimum savings amount is Kes. 12,000
5. Funds will be refunded within seven working days on receipt of notice
6. This amount can be used as a security for loan(s)
7. The interest rates are per annum
8. If an investor does not apply for a refund when the amount is due, the SACCO will automatically roll-back the funds for the period in a (2) above.