

MHASIBU SACCO SOCIETY LIMITED



The Sacco for professionals

ABSA Towers, 8th Floor

Tel. +254 020 5141900

P.O Box 31295-00600

Email: marketing@mhasibusacco.com

ZAO FIXED DEPOSIT INSTRUCTION FORM

Thank you for choosing to open a fixed deposit account with our Sacco.

MEMBER DETAILS:

FULL NAMES	<input type="text"/>	MHS	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>		
MOBILE. NO	<input type="text"/>	ID NO.	<input type="text"/>
		PIN NO:	<input type="text"/>
PAYMENT DATE	<input type="text"/>	REFERENCE/RECEIPT NO.	<input type="text"/>
AMOUNT (FIGURES)	<input type="text"/>		
AMOUNT (WORDS)	<input type="text"/>		
SOURCE OF FUNDS	<input type="text"/>		

(Attach supporting documents for all amounts)

MATURITY INSTRUCTIONS

Fixed deposit tenor: 3 months ☐ 6 months ☐ 9 months ☐ 1 year ☐

AUTOMATIC RENEWAL:

- A) To renew both principal and interest at rate prevailing at time of renewal.
- B) To renew principal only, interest to be credited as instructions given below.

OR NO AUTOMATIC RENEWAL:

- C) Principal and interest to be credited as per instructions given below.

BANK DETAILS (FOR PAYMENT PURPOSES)

Account Name:	<input type="text"/>	Bank:	<input type="text"/>
Branch:	<input type="text"/>	A/c No.	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

Terms & conditions apply

Thank you for choosing us. Together we make the difference.