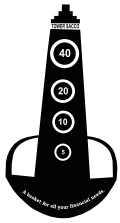


TOWER SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED.

A DEPOSIT TAKING SACCO LICENCED AND REGULATED BY THE SACCO SOCIETIES REGULATORY
AUTHORITY (SASRA) NO.61



TOWER SACCO PLAZA, OL'KALOU/NAKURU ROAD.

P.O. Box 259-20303, OL'KALOU:, Tel: 0792 333 111

Email: customercare@towersacco.co.ke, diaspora@towersacco.co.ke,

Website: www.towersacco.co.ke

(A basket for all your financial needs)

FRONT OFFICE SERVICE ACTIVITY

APPLICATION TO OPEN A FIXED/CALL DEPOSIT ACCOUNT

I/We the undersigned hereby apply to open a fixed/call deposit account with the following particulars;

NAME: _____

ID. CARD NO _____ ACCOUNT NO _____

ADDRESS _____

TELEPHONE (S) _____

RESIDENCE _____

AMOUNT Ksh _____ (in words) _____

PERIOD _____ MATURING DATE _____

NEXT OF KIN NAME _____

ID. NUMBER _____

ADDRESS _____

RELATIONSHIP _____

IDEMNITY CLAUSE: I/We agree that this account shall be operated solely at the discretion of the sacco and hereby indemnity the sacco at my cost against any loss incurred or claims arising out of the account being closed without notice because of unsatisfactory performance

Yours faithfully,

Full name (s) _____ Signature
_____ Signature

FOR OFFICIAL USE ONLY

Account number _____

Interest rate _____ per annum

Date deposited _____ Maturing date _____

Fixed deposits receipt No. _____

Data entered by _____ Checked by _____

Authorized (Name) _____ Signature _____