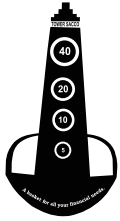


TOWER SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED.

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)

STOP GAP ACCOUNT

I, undersigned hereby apply to open a stop gap account with the following particulars

NAME _____

ID NO. _____ ACCOUNT NO _____

ADDRESS _____

TELEPHONE _____

RESIDENCE _____

I pledge that you deduct from my savings account by standing order an amount of Kshs..... in words towards the stop gap account.

Next of Kin Name.....

ID No..... Telephone.....

Address

Relationship.....

INDEMNITY CLAUSE:

I/We agree that the account shall be operated solely at the discretion of the SACCO and hereby indemnify the SACCO at my cost against loss incurred or claim arising out of the account being closed without notice because of unsatisfactory performance.

Yours faithfully

FULL NAME:..... SIGN.....

FOR OFFICIAL USE ONLY

Account No.....

Standing Order Amount.....

Date Entered..... By..... Checked.....

Authorized By..... Sign.....