TOWER SACCO SOCIETY LTD.

A basket for all your financial needs

P.O Box 259-20303, OLKALOU
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HOLIDAY ACCOUNT APPLICATION FORM

1. APPLICANTS PARTICULARS

CUST. ID*

BRANCH _____

FIRST NAME* _____ MIDDLE NAME* _____ LAST NAME* _____

ID NO. _____ MOBILE NO: _____ EMAIL: _____

COUNTY: _____ P.O Box: _____ Code: _____

2. AUTHORITY TO MAKE DEDUCTIONS FROM MY FOSA ACCOUNT

I _____ hereby authorize you to deduct

Ksh. _____ from my FOSA Savings account every month with effect

from _____/ _____/ _____ for a duration of _____ year(s).

Date _____/ _____/ _____ Signature of applicant _____

3. FOR OFFICIAL USE ONLY

Account No.:

Detail entered by:

Name: _____ Sign: _____ Date: _____/_____/_____

Verified by:

Name: _____ Sign: _____ Date: _____/_____/_____

Approved by:

Name: _____ Sign: _____ Date: _____/_____/_____

TERMS AND CONDITIONS

1. Attracts a competitive interest rate per annum.
2. Member is allowed to withdraw in a year the full contributions with interest.
3. Minimum period for contribution is three months
4. Minimum amount of contribution is Ksh. 500/ month.