



TOWER SACCO SOCIETY LTD.

A basket for all your financial needs

Tower Sacco Plaza

P.O Box 259-20303, OLKALOU

Tel: 0792 333 111

customercare@towersacco.co.ke

Website: www.towersacco.co.ke

SMART SAVERS ACCOUNT OPENING FORM



1. APPLICANTS PARTICULARS

CUST. ID *

BRANCH

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FIRST NAME *

MIDDLE NAME *

LAST NAME *

ID NO. _____ MOBILE NO: _____ EMAIL: _____

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

2. SMART SAVERS ACCOUNT

Initial Deposit Amount: _____ Savings Goals / Savings Plan Purpose: _____

Number of Months to Save: _____ (Specify the duration for your savings plan). _____

Target Goal Amount: _____ Mode of Contribution Cash ☐ Mobile Banking ☐ Standing Order ☐

Other: _____ Frequency of Contribution ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Other: _____

(Specify the amount you aim to save) _____

Terms & Conditions

I agree to abide by the bank's terms and conditions for the Smart Savers Account.

I confirm that the information provided is accurate.

Date ____/____/____ Signature of applicant _____

3. FOR OFFICIAL USE ONLY

Account No:

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Detail entered by:

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

Verified by:

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

Approved by:

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

PRODUCT FEATURES

- **Great Interest:** Earn a competitive interest prorated on your savings
- **Interest Paid Monthly:** Watch your money grow faster.
- **Flexible Top-Ups:** Add money whenever you want, with no limits.
- **No Fees:** Say goodbye to minimum balance and ledger fees.
- **Easy Access to Info:** Track your progress with our mobile app.

Save smarter earn smarter