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FIXED DEPOSIT APPLICATION FORM

TYPE OF DEPOSIT: **ORDINARY** ☐ **FLEX** ☐

Date _____

Name.....

ID/No……..... KRA PIN Number ……..

P/No.....Employer.....

Postal Address.....Telephone No.....

Email address…….…… Signature.....

Amount to be fixed figures Kshs.....

Amount in words.....

Duration.....

Transfer from Savings Account ……..…….....

Source of Funds ……...

FOR OFFICIAL USE:

Account No allocated.....

Rate of interest per annum.....

Maturity date.....

CUSTOMER CARE OFFICER	**BRANCH MANAGER**	**OPERATIONS OFFICER**
Confirm Account Name:	Confirm source of funds:	Account Details:
Photo:	Account Details:	Amount Fixed (Kshs):
Signature:	Amount Available (Kshs):	
Amount Available (Kshs)	REMARKS:	Effective Date:
RECEIVED BY:	**APROVED BY:**	**OPENED BY:**
SIGN:	SIGN:	SIGN:
DATE:	DATE:	DATE: