



HEART SAVINGS AND CREDIT COOPERATIVE SOCIETY
P. O BOX 70000 - 00400 NAIROBI | TEL: 020 – 2390954 / 0102510592
EMAIL: heartsacco@gmail.com or info@heartsacco.co.ke

JUNIOR SAVINGS APPLICATION FORM

Attach the following: copy of birth certificate/Notification of birth/Baptism Card

[Official use only] Member No: _____ Date: _____
(Allocated) (Registration date)

PERSONAL DETAILS

Name: Date of Birth: ID. No.....

PIN. No..... Sex..... Marital Status.....

Home Address Mobile No..... Physical Location.....

EMPLOYMENT DETAILS

Employer Name..... Payroll No..... Department.....

Employment Terms..... Mobile: Email Address.....

Designation: Duty station:

SELF EMPLOYED

Business Name: Business Type.....

Physical Location..... Phone number..... Email.....

BANK DETAILS

Bank Name: Branch: A/c. No:

MONTHLY CONTRIBUTION

I authorize my employer to deduct from my monthly pay Kshs..... as Heart Sacco Society Limited

Junior Savings contribution with effect from (Month).....

MEMBERSHIP TERMS

An applicant shall be registered and shall qualify for rights once the following are met:

- I. Account is available to member's children below the age of 18 years.
- II. The minimum balance is KES 500
- III. The minimum interest earning balance is KES 2,000.
- IV. The interest earned is 4% p.a.
- V. Deposits into this account for a minimum period of 12 months before any withdrawal can be done.

(Refer to member policy for more details)

I confirm that I have read, understood and complied with all the membership terms and conditions as contained in the by-laws and the particulars I have given are true to the best of my belief.

** Note * the signature below will be used by the Sacco for all transaction in my Account*

APPLICANTS SIGNATURE
(INSIDE THE BOX)

Date:

FOR OFFICIAL USE ONLY

Registration Done by: Sign: Date

Approved/Not Approved by Sacco Manager: Sign:



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