

SHERIA SACCO SOCIETY LIMITED



SHERIA WITHDRAWABLE SAVINGS ACCOUNT (SHEWISA) APPLICATION FORM

*** Complete Your Details in Capital Letters**

1. APPLICANT'S DETAILS

Mr./Mrs./Miss/Dr./ Hon. Justice (As per I.D.) _____

PJ/PF/MNO	GENDER	DATE OF BIRTH (DD/MM/YY)
ID/ PASSPORT NO	EMPLOYER	STATION
EMAIL ADDRESS	PHYSICAL RESIDENCE	MOBILE PHONE NO
POSTAL ADDRESS	POSTAL CODE	TOWN

2. CONTRIBUTION DETAILS

I wish to make a monthly contribution of Kshs _____ Effective date (mm/yy) _____

Proposed mode of remittances Check off Standing Order Cash Deposits

Contributions to be paid to: Sheria Sacco Society Ltd, Cooperative Bank of Kenya, Upperhill Branch, A/C No: 01120040133000

Applicant's Signature

Date _____

3. FOR OFFICIAL USE

Registered on.....

Membership No..... Secretary's Signature

Board Minute No..... Date.....

4. TERMS AND CONDITIONS

- The minimum contributions per month is Kshs.500/=
- Minimum savings is six (6) months before withdrawal.
- Full withdrawal requires 36 hours notice.
- Interest earned on savings is credited once a year on the balance held in the account.
- The appointed nominee (next of kin) for the main Sacco shall be taken to be the next of kin for this scheme
- Any matter not covered here shall be decided upon by the Board of Directors whose decision shall be final.