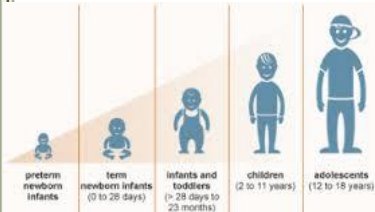


SHERIA SACCO SOCIETY LIMITED



CHILDA ACCOUNT OPENING APPLICATION FORM

*** Complete Details in Capital Letters**

1. MEMBERS PARTICULARS

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

PJ/PF/MNO	NATIONALITY	ID/ PASSPORT NO
EMAIL ADDRESS	PHYSICAL RESIDENCE	MOBILE PHONE NO
POSTAL ADDRESS	POSTAL CODE	TOWN
EMPLOYER	DEPARTMENT	

2. CHILD'S DETAILS

CHILDS NAME	DATE OF BIRTH
FAVOURITE COLOUR	HOBBY
CURRENT SCHOOL	

3. CONTRIBUTION DETAILS

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

Proposed mode of remittances Check off Standing r Cash De s

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

Applicant's Signature

Date _____

4. FOR OFFICIAL USE

Registered on.....

Account No.....

Secretary's Signature.....

Board Minute No.

Date.....

5. TERMS AND CONDITIONS

- Minimum Kshs. 300/= per month per child
- Withdrawal period after 12 months
- Notice not required
- Separate account to be maintained for each child
- The scheme to be for children upto 18years.

6. BENEFITS

- Preferential interest rate of 4% to be automatically credited to the account annually
- Birthday cards/present.
- Organized and subsidized annual party for account holders.