

UKAGUZI CO-OPERATIVE SAVINGS & CREDIT SOCIETY LIMITED
SPECIAL DEPOSITS AGREEMENT FORM

A. DETAILS OF DEPOSITOR:

1. Name of Depositor.....
2. Membership No.....ID. NO.....
3. Payroll No.....
4. Address.....
5. Tel/Cell phone No.....
6. Employer.....

B. AGREEMENT:

I agree to deposit Kshs.....
With Ukaguzi SACCO Society for a period of.....months
at an interest of 10% per annum with effect from.....
I hereby agree with the terms that apply to the product.

Signature of Depositor.....Date.....

C. TERMS & PROVISIONS:

1. The minimum period one can deposit is 3 months. You can redeem or roll over the deposits and interest at the end of the three months.
2. Minimum deposit is Kshs. 50,000 and subsequent deposits in multiples of Kshs. 10,000.
3. The interest rate is 10% per annum.

D. NOMINATED NEXT-OF-KIN

I, the undersigned, in the event of my death whilst a member of the Society, hereby instruct the Society to pay all amounts due to me as special deposit, less any debts to the Society, to the person(s) named in this section. I understand that I may alter the name of the Nominated Next-of-Kin by filling in a subsequent Change of Nominated Next-of-Kin form.

1. Nominated Next-of-Kin (Full Name).....
Relationship to the Applicant.....
Tel/Cell phone No.....I/D No.....
Percentage.....Address of Next-of-kin.....

2. Nominated Next-of-Kin (Full Name).....

Relationship to the Applicant.....
Tel/ Cell phone No.....I/D No.....
Percentage.....AddressofNext-ofkin.....

3. Nominated Next-of-Kin (Full Name).....
Relationship to the Applicant.....
Tel/ Cell phone No.....I/D No.....
Percentage.....AddressofNext-ofkin.....

4. Nominated Next-of-Kin (Full Name).....
Relationship to the Applicant.....
Tel/ Cell phone No.....I/D No.....
Percentage.....AddressofNext-ofkin.....

5. Nominated Next-of-Kin (Full Name).....
Relationship to the Applicant.....
Tel/ Cell phone No.....I/D No.....
Percentage.....AddressofNext-ofkin.....

6. Nominated Next-of-Kin (Full Name).....
Relationship to the Applicant.....
Tel/ Cell phone No.....I/D No.....
Percentage.....AddressofNext-ofkin.....

Witness Name.....

Witness Signature.....M/No.....

E. FOR OFFICIAL USE ONLY

Amount deposited Kshs.....

Date deposited.....

Receipt No.....

Maturity date.....

Treasurer's signature.....*Date*.....