Adlife Plaza 4th Floor Suite 4E
Kilimani, Nairobi
Tel: 0720 892 547
info@twakirisacco.co.ke

JUNIOR SAVINGS ACCOUNT ENTRANCE FORM

Name of Primary Member		**Member No.**
Name of Junior Saver:		
Phone No of Primary Member _____	**Relation to Member** _____	**Date of Birth of Junior Saver** _____

I wish to commence savings towards the Junior Saver Account at Ksh _____

(in words) _____Per month with effect from the

(month)_____.

Mode of Payment ☐ **direct deposit** ☐ **EFT / RTGS** ☐ **Mpesa**

Name: _____ **Signature: _____**

Date: _____

Terms & Conditions of the Account

1. Product is developed to cater for junior savers to encourage savings and to offer a platform for full membership upon attaining majority age.
2. Withdrawal from the account is not allowed unless the Primary Member ceases to be a member.
3. Minimum savings per month is Ksh 2000 (Two thousand only)
4. Interest is a calculated at the end of the year together with other monthly deposits for members.
5. The account can be used by the Primary Member as security and for borrowing against.

OFFICIAL USE ONLY

Twakiri Office (Accounts)		**Received on:**	
Secretary		**Date**	
Chairman		**Date**	