



B.A.T Sacco Limited
P O BOX 30000 - 00100
Nairobi Kenya
Tel: 0711062425/357/365

IMARA SAVINGS ACCOUNT APPLICATION FORM

(MUST be completed in BLOCK LETTERS)

A) APPLICANT'S DETAILS

Surname		Other Names					
Membership No.		ID/Passport No.		Mobile No.			
Residence		Address		Postal Code		Town/City	
EMAIL:							

Please open Imara Savings account in my name under the following terms.

Amount to be fixed in figures KES _____ Amount in words _____
_____ Period to be fixed _____ Months.

B) TERMS AND CONDITIONS

- Minimum Deposit Amount is KES 2,000,000.
- Deposit cheques/Bank slips must be accompanied by a completed Fixed Deposit Instruction and delivered to the Sacco office or Sent to the email.
- The duration will commence only on maturity of deposit cheque.
- Minimum period for a fixed deposit is six (6) months.
- Interest rate is 8.5% pa
- Recall of funds before lapse of started time will result to loss of interest earned.
- Interest earned is subject to 5% withholding tax.
- Interest is earned monthly and accrued quarterly

Declaration by member

I have read and understood the terms and conditions above and I hereby accept the interest rate granted and agree to place KES _____ on Imara savings account for _____ months.

Applicant's Signature: _____ (initials not acceptable) Date: _____

C) OFFICIAL USE ONLY

Amount received _____ Approved interest rate (P.a) _____

Prepared by: Name _____ Signature _____ Date _____

Checked by: Name _____ Signature _____ Date _____

Approved by: Name _____ Signature _____ Date _____