



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

JIJENGE SAVINGS ACCOUNT OPENING FORM

Applicant's Name _____

Member/Staff No. _____ ID No. _____

Employer _____

Monthly contribution _____

Effective from _____

Mode of savings will be by: Check off
 Standing order/Direct deposit

Applicant's Signature _____ Date _____

Notes:

- This account helps you plan for your financial needs.
- These needs may be education, health, holiday, entertainment etc.
- Minimum monthly saving Kes 1,000.
- Deposits done through check-off , standing order or direct deposit.
- Attracts interest of 8% pa.
- Withdrawals after every three months.
- No service charges.
- Photocopy of members national id.
- No account closing fee.

OFFICIAL USE ONLY

Prepared by: Name _____ Signature _____ Date _____

Checked by: Name _____ Signature _____ Date _____

Approved by: Name _____ Signature _____ Date _____