



Kenya Police
SACCO
United for Prosperity

Kenya Police Sacco Plaza, Ngara Road, off Muranga Road,
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APPLICATION FOR POFOSA JUNIOR SAVINGS ACCOUNT

APPLICATION REQUIREMENTS

1. Photocopy of the child Birth Certificate/ notification
2. ID Passport Copy of the Applicant

1. APPLICANTS PARTICULARS

FULL NAME (Mr, M/s, Mrs, Miss) _____

PF. NO. _____ ID. NO _____ (Attach Photocopy)

EMPLOYER _____ DEPARTMENT _____ DATE OF BIRTH _____

STATION _____ DIVISION _____ COUNTY _____

PRESENT ADDRESS _____ Email ADDRESS _____

HOME ADDRESS _____ MOBILE NO. _____

NAME OF CHILD _____ RELATIONSHIP TO THE CHILD _____

BIRTH CERTIFICATE/NOTIFICATION NO (please attach copy) _____

DATE OF BIRTH _____ GENDER _____

POFOSA DETAILS

A.c No. _____

2. AUTHORITY TO MAKE DEDUCTIONS FROM MY POFOSA ACCOUNT

I _____ hereby authorize you to deduct
Kshs. _____ from my Pofosa Account every month with effect from
_____ for a duration of _____ years(s).

Date _____ Signature of applicant _____

3. FOR OFFICIAL USE ONLY

Account No. _____ Standing Order No. _____ Approved by _____

TERMS

- Attracts 4% interest per annum
- Member is allowed to withdraw 4 times in a year
- Minimum period for contribution is four months
- Minimum amount of contribution is Kshs 500 per month.

OBJECTIVES

“ To cultivate & encourage the culture of saving & financial literacy in your child”

