



JUNIOR ACCOUNT APPLICATION FORM

PLEASE COMPLETE DETAILS IN CAPITAL LETTERS

1. MEMBER DETAILS

FULL NAMES: _____

ID No.: Date Of Birth: ____/____/____

County: _____ P.O Box: _____ Code: _____

Mobile No.: Email: _____

2. CHILD'S DETAILS

Full Names: _____ Relationship to the child _____

Date Of Birth: ____/____/____ Gender ☐ M ☐ F (Tick where appropriate)

3. FOSA DETAILS

A.c No.: _____

AUTHORITY TO MAKE DEDUCTIONS FROM MY POFOSA ACCOUNT

I _____ hereby authorize you to deduct

Kshs. _____ from my FOSA Savings Account every month with effect from

_____ for a duration of _____ years(s).

Signature: _____ Date: ____/____/____

4. FOR OFFICIAL USE ONLY

Account No.: Standing Order No.

Approved by

Name: _____ Sign: _____ Date: ____/____/____

TERMS

1. Attracts a competitive interest per annum
2. Minimum amount of contribution is Ksh. 500 per month