



HOLIDAY ACCOUNT APPLICATION FORM

1. APPLICANTS PARTICULARS

FIRST NAME*

MIDDLE NAME*

LAST NAME*

ID/PASSPORT NUMBER*

DATE OF BIRTH (DD/MM/YY)*:

--	--	--	--	--	--	--	--	--	--

____/____/____

MOBILE NUMBER*: _____ Email: _____

COUNTY: _____ P.O Box: _____ Code: _____

2. AUTHORITY TO MAKE DEDUCTIONS FROM MY POFOSA ACCOUNT

I _____ hereby authorize you to deduct
Ksh. _____ from my FOSA Savings account every month with effect
from ____/____/____ for a duration of _____ year(s).

Date ____/____/____ Signature of applicant _____

Account No.:

--	--	--	--	--	--	--	--	--	--	--	--

Standing Order No.

--

Approved by

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

TERMS AND CONDITIONS

1. Attracts a competitive interest rate per annum.
2. Member is allowed to withdraw in a year the full contributions with interest.
3. Minimum period for contribution is one year.
4. Minimum amount of contribution is Ksh. 500/ month.