



KEYSTONE DT SACCO
The Sacco of Choice

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FIXED DEPOSIT RESERVE (FDR) CERTIFICATE
(FILL IN DUPLICATE)

NAMES: _____

TSC/PAYROLL NO: _____ **MEMBERSHIP NO:** _____

NATIONAL ID/PASSPORT NO: _____ **CELLPHONE NO:** _____

AMOUNT FIXED:
KSHS _____ **(INWORDS):** _____

DATE FIXED: _____ **DURATION** _____ **DATE OF MATURITY:**

INTEREST RATE: _____ **FDR SERIAL NO:** _____

NOTE:

1. THE FDR SHALL AUTOMATICALLY BE ROLLED OVER (REFIXED) AT THE SAME TERMS ON MATURITY, UNLESS OTHERWISE AGREED OR RECALLED IN WRITTEN.
2. INCASE THE FDR IS CANCELLED OR RECALLED BEFORE MATURITY, THE CUSTOMER SHALL FOREFEIT ALL THE INTEREST THAT SHALL HAVE BEEN EARNED THEREON.
3. INTEREST TO BE SUBJECTED TO WITHHOLDING TAX RATES APPLICABLE

SIGNATURE: _____

DATE: _____

NB: ATTACH PHOTOCOPY OF ID

OFFICIAL USE:

1. DETERMINED BY: (FOSA SUPERVISOR)

NAMES: _____ **SIGN:** _____ **DATE:** _____

2. APPROVED BY: (ACCOUNTANT/CEO)

NAMES: _____ **SIGN:** _____ **DATE:** _____